

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009027

FILED
Apr 20, 2004
Secretary of State

Entity Name: AMERICAN MUTUAL FINANCIAL MANAGEMENT, INC.

Current Principal Place of Business:

22 SHERWOOD DRIVE
SHALIMAR, FL 32579

New Principal Place of Business:

2110 LEWIS TURNER BLVD.
FORT WALTON BEACH, FL 32547

Current Mailing Address:

22 SHERWOOD DRIVE
SHALIMAR, FL 32579

New Mailing Address:

P.O. BOX 855
SHALIMAR, FL 32579

FEI Number: 59-3410579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREAZEALE, B. THOMAS II
22 SHERWOOD DRIVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

BREAZEALE, B. THOMAS II
2110 LEWIS TURNER BLVD.
FORT WALTON BEACH, FL 32547 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: BREAZEALE, SOMMAI
Address: 39 MAPLE AVENUE
City-St-Zip: SHALIMAR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP (X) Change () Addition
Name: BREAZEALE, SOMMAI
Address: 39 MAPLE AVENUE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOMMAI BREAZEALE

CDP

04/20/2004

Electronic Signature of Signing Officer or Director

Date