


2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90256 001 ***150.00

DOCUMENT # P970000 16701	
1. Entity Name American Financial Investments, Inc.	

DO NOT WRITE IN THIS SPACE

50041900

2. Principal Place of Business 8651 Hwy 78 West Suite, Apt. #, etc. #7 City & State Okeechobee, FL Zip 34974 Country Okeechobee	3. Mailing Address 8651 Hwy 78 West Suite, Apt. #, etc. #7 City & State Okeechobee, FL Zip 34974 Country Okeechobee
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 58-2313520		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name E. R. Jacobs Street Address (P.O. Box Number is Not Acceptable) 8651 Hwy 78 West #7 City Okeechobee FL Zip Code 34974		

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. - Dean W. Jacobs 1113 Manor Drive Mason City, Ia 50401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD E.R. Jacobs 8651 Hwy 78 West Okeechobee, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **E.R. Jacobs** **E.R. Jacobs** **4-15-05** **863.357-3016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)