

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109774

FILED
Jan 16, 2004
Secretary of State

Entity Name: AMERITRUST, INC.

Current Principal Place of Business:

1249 N. ORANGE AVENUE
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1249 N. ORANGE AVENUE
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3614880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, BARBARA
1249 N. ORANGE AVENUE
ORLANDO, FL 32804

Name and Address of New Registered Agent:

QUATRALE, MICHELLE
1249 N. ORANGE AVENUE
ORLANDO, FL 32804

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: MICHELLE QUATRALE

01/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BROWN, MARK
Address: 1249 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: V () Delete
Name: MCCLELLAN, SCOTT
Address: 1249 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: PARRETT, JOHN
Address: 1249 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BROWN, MARK A
Address: 1249 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: V (X) Change () Addition
Name: SEVCIK, JOSEPH E
Address: 1249 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK A. BROWN

PSTD

01/16/2004

Electronic Signature of Signing Officer or Director

Date