2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90093 035 ***150.00

DOCUMENT # F05000007244

1. Entity Name
SITETEC CONSTRUCTION COMPANY

Principal Place of Business
6132 BROOKSHIRE BLVD. STE. C
CHARLOTTE, NC 28216

Mailing Address
6132 BROOKSHIRE BLVD. STE. C
CHARLOTTE, NC 28216

900149590

02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2160128
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BROOME, MICHAEL L
STREET ADDRESS	13432 DAMSEN DRIVE
CITY-ST-ZIP	HUNTERSVILLE, NC 28078
TITLE	VPS
NAME	BROOME, TIMOTHY D
STREET ADDRESS	12517 PECAN HILL CT
CITY-ST-ZIP	HUNTERSVILLE, NC 28078
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Broome Michael Broome 2-8-07 704-948-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT
40014590
#F05000007244

DOCUMENT #

1. Entity Name SiteTec INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6132 Brookshire Blvd.	"SAME"
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc
City & State Charlotte NC	City & State
Zip 28216 · Country Mecklenburg	Zip · Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2160128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name INCORP SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable) 7176 FORREST OAKS DRIVE

City NASHVILLE TN FL Zip Code 37221

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	President	TITLE	
NAME	Michael L. Broome	NAME	
STREET ADDRESS	6132 Brookshire Blvd. Suite C	STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28216	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	Timothy D. Broome	NAME	
STREET ADDRESS	6132 Brooshire Blvd. Suite C	STREET ADDRESS	
CITY-ST-ZIP	Charlotte NC 28216	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: [signature] 2-8-07 704-948-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #