## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P04000043024 04-18-2005 90320 024 \*\*\*150.00 AMERITECH DIE & MOLD SOUTH, INC. Principal Place of Business Mailing Address 50037427 107 KNOB HILL RD 107 KNOB HILL RD LAKESIDE PARK LAKESIDE PARK MOORESVILLE, NC 28177 MOORESVILLE, NC 28177 2. Principal Place of Business 3. Mailing Address 6 East Tower Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 02262005 CR2E034 (10/03) City & State City & State 4. FEI Number 20-0844597 Applied For Ormond Beach, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 32174 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wayne Rotman HOCTOR, JAMES J Street Address (P.O. Box Number is Not Acceptable) 215 N EOLA DR ORLANDO, FL 32801 6 Cassie Court 3<sup>2</sup>2 £994 Ormond Beach 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, 4-13-05 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required weren reinstation DATE 9. Election Campaign Financing .\$5.00.May Bé FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, $\Box$ . After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE Delete TITLE NAME Steven J. Rotman 701 Big Indian Loop Mooresville, NC 28117 NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP Delete Addition Addition TITLE ☐ Change Keith A. Fox 3860 Mattingly Driv NC 28602 NAME NAME STREET ADDRESS STREET ADDRESS Drive CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all otber like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

1-704-664-0801

Daytime Phone •

Date