


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90006 012 ***150.00

DOCUMENT # P04000043024

1. Entity Name
AMERITECH DIE & MOLD SOUTH, INC.



Principal Place of Business
**6 EAST TOWER CIRCLE
 ORMOND BEACH, FL 32174**

Mailing Address
**107 KNOB HILL RD
 LAKESIDE PARK
 MOORESVILLE, NC 28177**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03062007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
20-0844597

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent
**ROTMAN, WAYNE
 6 CASSIE COURT
 ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 re-registering)

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	P	<input type="checkbox"/> Delete
NAME	ROTMAN, STEVEN	
STREET ADDRESS	701 BIG INDIAN LOOP	
CITY-ST-ZIP	MOORESVILLE, NC 28117	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOX, KEITH A.	
STREET ADDRESS	3860 MATTINGLY DRIVE	
CITY-ST-ZIP	HICKORY, NC 28602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rotman, Steven	
STREET ADDRESS	701 Big Indian Loop	
CITY-ST-ZIP	Mooreville, NC 28117	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fox, Keith A.	
STREET ADDRESS	3860 Mattingly Drive	
CITY-ST-ZIP	Hickory, NC 28602	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rotman, Wayne	
STREET ADDRESS	6 Cassie Court	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Steven J Rotman 3/17/07 704-664-0891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #