

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 433873**

1. Entity Name  
**TEKTONE SOUND AND SIGNAL MFG., INC.**



Principal Place of Business  
**277 INDUSTRIAL PARK ROAD  
FRANKLIN, NC 28734**

Mailing Address  
**277 INDUSTRIAL PK ROAD  
FRANKLIN, NC 28734 US**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1500771**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SALEEBY-RANSIER, PA  
359 S COUNTY ROAD  
PALM BEACH, FL 33480**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MIRA, MARIA LURDES
STREET ADDRESS	296 CANTEBURY DRIVE E.
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	D
NAME	MIRA, MANUEL DE SOUSA
STREET ADDRESS	296 CANTEBURY DRIVE EAST
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	P
NAME	MIRA, CARLOS ROBERT
STREET ADDRESS	245 PATTON DOWNS RD
CITY-ST-ZIP	FRANKLIN, NC
TITLE	ST
NAME	KNIPPEL, TERESA MIRA
STREET ADDRESS	264 PATTON DOWNS RD
CITY-ST-ZIP	FRANKLIN, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000030856  
02/04/04-80125-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Teresa Mira Knippel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 828 524 9967  
Date Daytime Phone #