

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90393 017 ***158.75



DOCUMENT # 613063
 1. Entity Name
AMERICAN MISO COMPANY

Principal Place of Business: **4225 MAPLE CREEK RD RUTHERFORDTON NC 28139 US**
 Mailing Address: **92 MCINTOSH RD. ASHEVILLE NC 28806**



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **56-1355783**
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
LEVY, BENJAMIN D
7747 SW 86TH ST, #D-404
MIAMI FL 33143

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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: P <input type="checkbox"/> Delete	NAME: EVANS, BARRY E STREET ADDRESS: 92 MCINTOSH RD. CITY-ST-ZIP: ASHEVILLE NC 28806
TITLE: V <input checked="" type="checkbox"/> Delete	NAME: GONZALES, GREGORY A STREET ADDRESS: 4225 MAPLE CREEK ROAD CITY-ST-ZIP: RUTHERFORDTON NC 28139
TITLE: ST <input type="checkbox"/> Delete	NAME: MENICK, LOUISA C STREET ADDRESS: 92 MCINTOSH ROAD CITY-ST-ZIP: ASHEVILLE NC 28806
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: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: JANET PAIGE STREET ADDRESS: 92 MCINTOSH ROAD CITY-ST-ZIP: ASHEVILLE NC 28806
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:
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 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: *Louisa C. Menick* **LOUISA C. MENICK** 4/01/04 (828) 665-7790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #