


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90043 020 \*\*\*\*61.25

<b>DOCUMENT # 839359</b> 1. Entity Name AMERICAN & EFIRD, INC.	
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Principal Place of Business 22 AMERICAN ST MOUNT HOLLY, NC 28120	Mailing Address 22 AMERICAN ST MOUNT HOLLY, NC 28120
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**DO NOT WRITE IN THIS SPACE**

02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-0906552	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACKSON, F A 3671 SITERWOOD CIR GASTONIA, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB DICKSON, T W 7318 THET FORT COURT CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MILLER, JL 3628 RAINTREE DR GASTONIA, NC 28054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STOVER, C G 1216 LOCHSHIRE LN GASTONIA, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ENSLEY, R L KILLIAN RD MT HOLLY, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DICKSON, A. T. 2633 RICHARDSON DRIVE CHARLOTTE, NC.,

**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 617, 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:** Craig G. Stover **CRAIG G. STOVER** 03-19-04 704-827-4311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #