

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 839359

1. Entity Name
AMERICAN & EFIRD, INC.



Principal Place of Business
**22 AMERICAN ST
MOUNT HOLLY, NC 28120**

Mailing Address
**22 AMERICAN ST
MOUNT HOLLY, NC 28120**



01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0906552

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACKSON, F A
STREET ADDRESS	3671 SITERWOOD CIR
CITY-ST-ZIP	GASTONIA, NC
TITLE	COB
NAME	DICKSON, T W
STREET ADDRESS	7318 THET FORT COURT
CITY-ST-ZIP	CHARLOTTE, NC 28211
TITLE	VPD
NAME	MILLER, JL
STREET ADDRESS	3628 RAINTRÉE DR
CITY-ST-ZIP	GASTONIA, NC 28054
TITLE	VP
NAME	STOVER, C G
STREET ADDRESS	1216 LOCHSHIRE LN
CITY-ST-ZIP	GASTONIA, NC
TITLE	VD
NAME	ENSLEY, R L
STREET ADDRESS	KILLIAN RD
CITY-ST-ZIP	MT HOLLY, NC
TITLE	D
NAME	DICKSON, A. T.
STREET ADDRESS	2633 RICHARDSON DRIVE
CITY-ST-ZIP	CHARLOTTE, NC.

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03/23/05-80033-005 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

704-827-4311

Daytime Phone #