

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
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**



04302007 No Chg-P CR2E034 (11/05)

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 _____

**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**

000000733334
05/24/07-80057-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON, F A
STREET ADDRESS	22 AMERICAN ST
CITY-ST-ZIP	MOUNT HOLLY, NC 28120
TITLE	COB
NAME	DICKSON, T W
STREET ADDRESS	301 SOUTH TYRON ST SUITE 1800
CITY-ST-ZIP	CHARLOTTE, NC 28202
TITLE	VD
NAME	MILLER, JL
STREET ADDRESS	22 AMERICAN ST
CITY-ST-ZIP	MOUNT HOLLY, NC 28120
TITLE	VD
NAME	STOVER, C G
STREET ADDRESS	22 AMERICAN ST
CITY-ST-ZIP	MOUNT HOLLY, NC 28120
TITLE	VD
NAME	ENSLEY, R L
STREET ADDRESS	22 AMERICAN ST
CITY-ST-ZIP	MOUNT HOLLY, NC 28120
TITLE	D
NAME	DICKSON, A. T.
STREET ADDRESS	301 SOUTH TYRON ST SUITE 1800
CITY-ST-ZIP	CHARLOTTE, NC 28202

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott R. Hile

April 30, 2007

Date

701-957-2655

Daytime Phone #