

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839359

Entity Name: AMERICAN & EFIRD, INC.

FILED
Aug 21, 2009
Secretary of State

Current Principal Place of Business:

22 AMERICAN ST
MOUNT HOLLY, NC 28120

New Principal Place of Business:

Current Mailing Address:

22 AMERICAN ST
MOUNT HOLLY, NC 28120

New Mailing Address:

FEI Number: 56-0906552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACKSON, F A
Address: 22 AMERICAN ST
City-St-Zip: MOUNT HOLLY, NC 28120

Title: COB () Delete
Name: DICKSON, T W
Address: 301 SOUTH TYRON ST SUITE 1800
City-St-Zip: CHARLOTTE, NC 28202

Title: VD () Delete
Name: MILLER, J L
Address: 22 AMERICAN ST
City-St-Zip: MOUNT HOLLY, NC 28120

Title: VD () Delete
Name: STOVER, C G
Address: 22 AMERICAN ST
City-St-Zip: MOUNT HOLLY, NC 28120

Title: VD () Delete
Name: ENSLEY, R L
Address: 22 AMERICAN ST
City-St-Zip: MOUNT HOLLY, NC 28120

Title: D () Delete
Name: DICKSON, A. T.
Address: 301 SOUTH TYRON ST SUITE 1800
City-St-Zip: CHARLOTTE, NC 28202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S.W. BROWN

AS

08/21/2009

Electronic Signature of Signing Officer or Director

Date