

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003954

Entity Name: A.N. DERINGER, INC.

FILED
Jan 17, 2005
Secretary of State

Current Principal Place of Business:

64-66 NORTH MAIN ST
ST ALBANS, VT 05478

New Principal Place of Business:

Current Mailing Address:

64-66 NORTH MAIN ST
ST ALBANS, VT 05478

New Mailing Address:

FEI Number: 03-0117050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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: COBD (X) Delete
Name: HOLZSCHEITER, KENNETH J
Address: 64-66 MAIN STREET
City-St-Zip: ST. ALBANS, VT 05478

Title: PCEO () Delete
Name: BURL, WAYNE R
Address: 64-66 NORTH MAIN ST
City-St-Zip: ST ALBANS, VT 05478

Title: VD () Delete
Name: HOLZSCHEITER, JOHN
Address: 64-66 NORTH MAIN ST
City-St-Zip: ST ALBANS, VT 05478

Title: VD () Delete
Name: HOLZSCHEITER, JACOB E
Address: 64-66 NORTH MAIN ST
City-St-Zip: ST ALBANS, VT 05478

Title: SCD () Delete
Name: MAYOTTE, MELISANDE A
Address: 64-66 NORTH MAIN ST
City-St-Zip: ST ALBANS, VT 05478

Title: D () Delete
Name: COATES, DAVID
Address: 14 COATES ISLAND
City-St-Zip: COLCHESTER, VT 05446

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 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 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: MELISANDE MAYOTTE

SCD

01/17/2005

Electronic Signature of Signing Officer or Director

Date