

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002757

1. Entity Name
P & G WOOD ERECTORS, INC.



Principal Place of Business
105 OLD MORGANTON ROAD
UNION MILLS, NC 28167

Mailing Address
105 OLD MORGANTON ROAD
UNION MILLS, NC 28167



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1394967

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, JOE D
7311 CRABGRASS ROAD
ST CLOUD, FL 34773

**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 *Joe D Miller*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

4/7/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PHIPPS, JOE S
STREET ADDRESS 105 MORGANTON ROAD
CITY-ST-ZIP UNION MILLS, NC

TITLE ST
NAME PHIPPS, PATRICIA A
STREET ADDRESS 105 MORGANTON ROAD
CITY-ST-ZIP UNION MILLS, NC

TITLE VP
NAME PHIPPS, JAMES A
STREET ADDRESS 713 PINE BURR AVE
CITY-ST-ZIP VALDESE, NC 28690

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/16/04-80030-017 150.00

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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 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: *Joe A Phipps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 2004

Date

Daytime Phone #

828-286-0094