

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90032 011 ***150.00

DOCUMENT # G41813

1. Entity Name
STITCH-TEC CO., INC.



Principal Place of Business

887 N WASHINGTON ST
P.O BOX 253
NASHVILLE, IL 62263 US

Mailing Address

887 N WASHINGTON ST
P.O BOX 253
NASHVILLE, IL 62263 US

50003840



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2299946

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Eric R Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PSD JONES, ERIC R	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 253	
CITY-ST-ZIP	NASHVILLE, IL 62263	
TITLE NAME	VPD JONES-LUECHTEFIELD, TAMARA A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 241	
CITY-ST-ZIP	NASHVILLE, IL 62263	
TITLE NAME	D JONES, H J	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 253 N/A	
CITY-ST-ZIP	NASHVILLE, IL 62263	
TITLE NAME	D JONES, PAT	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 253 N/A	
CITY-ST-ZIP	NASHVILLE, IL 62263	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PT Jones, Eric R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 261	
CITY-ST-ZIP	Nashville IL 62263	
TITLE NAME	VP Jones, H.J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 253	
CITY-ST-ZIP	Nashville IL 62263	
TITLE NAME	S Jones, Pat	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 253	
CITY-ST-ZIP	Nashville IL 62263	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/11/05 610-327-8054