2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90164 023 ***150.00

DOCUMENT # P05782

1. Entity Name
AMARR COMPANY

20048128

Principal Place of Business	Mailing Address
165 CARRIAGE CT WINSTON-SALEM, NC 27105	P O BOX 288 WINSTON-SALEM, NC 27102-0288 US

03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0562919
☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	C
NAME	HUKILL, MATTHEWS
STREET ADDRESS	20 HIGHGATE CT
CITY-ST-ZIP	GREENSBORO, NC 27407
TITLE	P
NAME	BRENNER, RICHARD
STREET ADDRESS	464 SHEFFIELD DR
CITY-ST-ZIP	WINSTON-SALEM, NC
TITLE	VPOD
NAME	SEARS, RICHARD
STREET ADDRESS	2451 BIRDLE LANE
CITY-ST-ZIP	CONOVER, NC 28613
TITLE	CFO
NAME	MICK, JEFFREY D
STREET ADDRESS	920 CROFTON CREEK
CITY-ST-ZIP	LEWISVILLE, NC 27023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 4/15/05 336-251-1289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #