


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P08367**  
 1. Entity Name  
**AMERICAN BUILDERS OF ANSON, INC.**



Principal Place of Business <b>HWY. 74                  PO BOX 8                  POLKTON, NC 28135</b>	Mailing Address <b>HWY. 74                  PO BOX 8                  POLKTON, NC 28135</b>
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02272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-1063347</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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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 re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO THOMAS, W. BRUCE 8564 HWY 74 POLKTON, NC 28135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, PATRICIA M. 8564 HWY 74 POLKTON, NC 28135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, WALTER G., JR. 8564 HWY 74 POLKTON, NC 28135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, RALPH E. 8564 HWY 74 POLKTON, NC 28135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000482169  
 04/11/06-80055-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Patricia Mares **03/01/06** **704 292-7655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #