

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087807

Entity Name: AMG HOLDING, INC.

FILED
Feb 25, 2005
Secretary of State

Current Principal Place of Business:

537 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 485
LAKE JUNALUSKA, NC 28745 US

New Mailing Address:

FEI Number: 59-3281666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNDERWOOD, ROBERT L
537 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: D () Delete
Name: ANDERSON, FRED
Address: 7041 VERDE WAY
City-St-Zip: NAPLES, FL 33963

Title: S () Delete
Name: ANDERSON, MICHAEL
Address: 9101 GLENWOOD AVE.
City-St-Zip: RALEIGH, NC 27612

Title: T () Delete
Name: ANDERSON, MICHAEL
Address: 9101 GLENWOOD AVE.
City-St-Zip: RALEIGH, NC 27612

Title: AS () Delete
Name: HUDSON, DAVE
Address: 9101 GLENWOOD AVE.
City-St-Zip: RALEIGH, NC 27612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, FRED
Address: 9101 GLENWOOD AVE
City-St-Zip: RALEIGH, NC 27612

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: DAVID HUDSON

AS

02/25/2005

Electronic Signature of Signing Officer or Director

Date