

REPORT TO U.S. DEPARTMENT OF LABOR

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned Employer.

Name and Address of Employer:

LAKESIDE MOULDING & MANUFACTURING CO., INC.
5600 Lakeland Drive
Post Office Box 5157
Brandon, MS 39047-5157

Employer Identification Number:

64-0809144

LAKESIDE MOULDING & MANUFACTURING CO., INC. maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and
Participants In Each Plan:

1 Plan Covering 2 Employees

Dated December 30, 2004.

LAKESIDE MOULDING & MANUFACTURING CO., INC.

BY:



TIM SHUMAKER, Plan Administrator

**MINUTES OF ACTIONS TAKEN BY THE
BOARD OF DIRECTORS
OF
LAKESIDE MOULDING & MANUFACTURING CO., INC.**

The undersigned Director, being the sole member of the Board of Directors of the Corporation, hereby waives (i) call of and (ii) notice of the time, place and purpose of a special meeting and adopts by unanimous consent, the following Resolutions as actions of the Board of Directors of the Corporation:

1. **Approval of Non-Qualified Defined Benefit and Deferred Supplemental Income Plan and Recognition of Participant:**

WHEREAS: The Board of Directors recognizes that the hereinafter named Executive (Participant) greatly contributes to the proper management and profitability of the Corporation; that it is in the best interests of the Corporation to induce the continued employment of such individual; that the Corporation could best induce the continued employment of such individuals by providing him and future chosen participants with the opportunity to defer a portion of their compensation in return for certain benefits; and that it may wish to extend the opportunity of such deferred compensation to other executive level managers/supervisors of the Corporation.

RESOLVED: That because of the valuable services performed and to be performed by the hereinafter named Participant, and because the Corporation wants to induce his continued employment, the President and Secretary of the Corporation, be and are hereby authorized and directed to execute in the name of the Corporation the Non-Qualified Defined Benefit and Deferred Supplemental Income Plan Agreement for Lakeside Moulding & Manufacturing Co., Inc., ("Agreement") a true copy of which is appended to these Minutes. The above officers be and are also authorized and directed to execute any and all other documents, including but not limited to, individual Participation Agreements for each chosen Participant as detailed herein, in order to carry out the terms and provisions and to enforce any rights or obligations of the Corporation pursuant to the Agreement.

2. **Initial Participant:**

RESOLVED: That the following Executives be and are hereby named and chosen by the Board of Directors to be the initial Participants in the Agreement, and shall become Participants in said Agreement upon their execution of individual Participation Agreements containing the Retirement, Disability, and Death Benefits of the Agreement for each such Participant as determined by the Board of Directors:

PARTICIPANTS:

Name	Position With Company
WALLACE PAUL LANCASTER	Automated Products Manager
MICHAEL MANSELL	General Manager

3. **Execution of Participation Agreement:**

RESOLVED: That the Plan Administrator, Tim Shoemaker, as designated in the Plan Agreement be and is herein authorized and directed to execute each Participation Agreement attached to these Minutes after each such Agreement has been executed by the Participant named thereon.

4. **Filing of Consent Minutes:**

RESOLVED: That the Secretary of the Corporation be and is hereby directed to make this a part of the original Minutes of the Corporation to be filed in the appropriate records of the Corporation.

The undersigned Director, being the sole member of the Board of Directors of the Corporation, does hereby expressly unanimously consents to the foregoing Resolutions, as being actions of the Board of Directors of the Corporation in accordance with Section 79-4-8.21 of the Mississippi Business Corporation Act. The signature of such sole Director constitutes such consent, effective as of 12/30, 2004.

DIRECTOR:


HERMAN SHUMAKER

ATTEST:


AMANDA SHUMAKER, Secretary

(Seal)

PARTICIPATION AGREEMENT

NON-QUALIFIED DEFINED BENEFIT DEFERRED SUPPLEMENTAL INCOME PLAN OF LAKESIDE MOULDING & MANUFACTURING CO., INC.

As provided in the above referenced Plan dated 12/30, 2004, you, WALLACE PAUL LANCASTER, are hereby invited to participate. By accepting the invitation to participate in the Plan, you acknowledge that you have received a copy of and have read the Plan, understand its terms, understand that benefits will be paid pursuant to the Plan only under specific circumstances described therein, understand the forfeiture provisions of the Plan, understand that you are a general creditor of LAKESIDE MOULDING & MANUFACTURING CO., INC., and that you have no interest in specific assets owned by LAKESIDE MOULDING & MANUFACTURING CO., INC.

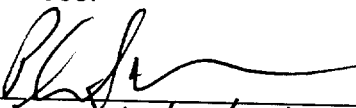
For purposes of the Plan, your Normal Retirement Benefit is \$10,000 per year or \$833.33 per month for five (5) years.

For purposes of the Plan, your Disability Retirement Benefit is \$5,000 per year, or \$416.66 per month for five (5) years.

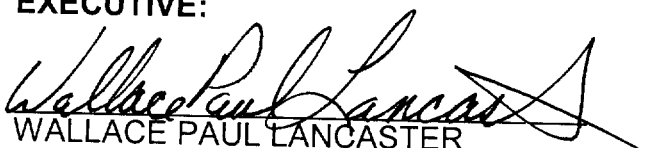
For purposes of the Plan, your Death Benefit is \$10,000 per year or \$833.33 per month for five (5) years.

I hereby accept the invitation of LAKESIDE MOULDING & MANUFACTURING CO., INC. to participate in its Non-Qualified Defined Benefit Deferred Supplemental Income Plan.

Witness:


Date: 12/30/04

EXECUTIVE:


WALLACE PAUL LANCASTER

RECEIVED & FILED:


TIM SHUMAKER, Plan Administrator

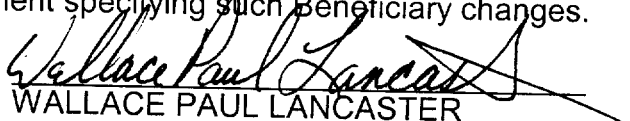
For purposes of the Plan, I hereby designate the following Beneficiary or Beneficiaries:

Stacy Elizabeth Lancaster
(BENEFICIARY)

If the above named Beneficiary is not alive when payments are first due to be made under the Plan, I hereby designate the following Contingent Beneficiary or Beneficiaries:

Children of Marriage to Stacy
(CONTINGENT BENEFICIARY)

I agree that should I wish to change the above named Beneficiaries that I will notify the Plan Administrator in writing of my wishes and such change shall be effective upon my execution of an amended Participation Agreement specifying such Beneficiary changes.


WALLACE PAUL LANCASTER

PARTICIPATION AGREEMENT

NON-QUALIFIED DEFINED BENEFIT DEFERRED SUPPLEMENTAL INCOME PLAN OF LAKESIDE MOULDING & MANUFACTURING CO., INC.

As provided in the above referenced Plan dated 12/30, 2004, you, MICHAEL MANSELL, are hereby invited to participate. By accepting the invitation to participate in the Plan, you acknowledge that you have received a copy of and have read the Plan, understand its terms, understand that benefits will be paid pursuant to the Plan only under specific circumstances described therein, understand the forfeiture provisions of the Plan, understand that you are a general creditor of LAKESIDE MOULDING & MANUFACTURING CO., INC., and that you have no interest in specific assets owned by LAKESIDE MOULDING & MANUFACTURING CO., INC.


For purposes of the Plan, your Normal Retirement Benefit is \$10,000 per year or \$833.33 per month for five (5) years.

For purposes of the Plan, your Disability Retirement Benefit is \$5,000 per year, or \$416.66 per month for five (5) years.

For purposes of the Plan, your Death Benefit is \$10,000 per year or \$833.33 per month for five (5) years.

I hereby accept the invitation of LAKESIDE MOULDING & MANUFACTURING CO., INC. to participate in its Non-Qualified Defined Benefit Deferred Supplemental Income Plan.

Witness:


Date: 12/30/04

EXECUTIVE:


MICHAEL MANSELL

RECEIVED & FILED:


TIM SHUMAKER, Plan Administrator

For purposes of the Plan, I hereby designate the following Beneficiary or Beneficiaries:

MA Anne Mansell
(BENEFICIARY)

If the above named Beneficiary is not alive when payments are first due to be made under the Plan, I hereby designate the following Contingent Beneficiary or Beneficiaries:

Children of Mary to Anne Mansell
(CONTINGENT BENEFICIARY)

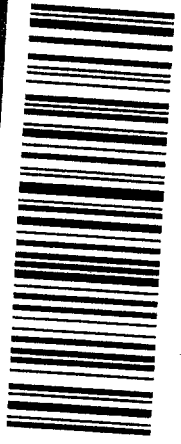
I agree that should I wish to change the above named Beneficiaries that I will notify the Plan Administrator in writing of my wishes and such change shall be effective upon my execution of an amended Participation Agreement specifying such Beneficiary changes.


MICHAEL MANSELL

Lakeside Moulding And Mfg., Inc.
5300 Lakeland Drive
P.O. Box 5157
Brandon, MS 39047-5157
601-992-5546



CERTIFIED MAIL



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