

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90463 048 ***150.00

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # F0000007044					
1. Entity Name CENTRAL PARKING SYSTEM OF NORTH CAROLINA, INC.					
Principal Place of Business 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE, TN 37212			Mailing Address 2401 21ST AVENUE SOUTH STE. 200 NASHVILLE, TN 37212		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 62-1566823	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBOTT, HENRY J		NAME		
STREET ADDRESS	2401 21ST AVE S. #200		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARELL, MONROE S JR		NAME		
STREET ADDRESS	2401 21ST AVE S. #200		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARELL, MONROE J JR.		NAME		
STREET ADDRESS	2401 21ST AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, MARK		NAME	CFO	
STREET ADDRESS	2401 21ST AVE S., STE 200		STREET ADDRESS	Jeff Heavin	
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP	2401 21st Ave S.	
				Nashville, TN 37212	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOTTELER, ROBERT		NAME		
STREET ADDRESS	2401 21ST AVE S., STE 200		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37212		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Henry J. Abbott</u>		SIGNATURE: <u>Henry J. Abbott</u>		Date: <u>4-27-05</u> Daytime Phone #: <u>615-297-4255</u>	