


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003577	
1. Entity Name LITTLETON COMPANY, INC. OF NC	

Principal Place of Business DBA THE LITTLETON COLLECTION 3090 NORTH US 1 FORT PIERCE, FL 34946	Mailing Address 232 EASTRIDGE DRIVE SPRUCE PINE, NC 28777
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03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1274075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIFFIN, CHESTER 311 SOUTH 2ND STREET, SUITE 20C FT PIERCE, FL 34950

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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 this 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LITTLETON, HARVEY K 232 EASTRIDGE DRIVE SPRUCE PINE, NC 28777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC SHAY, CAROL L 356 WING RD BAKERSVILLE, NC 28705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LITTLETON, BESS 232 EASTRIDGE DRIVE SPRUCE PINE, NC 28777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(l), 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: Carol Littleton Shay CAROL LITTLETON SHAY 4/4/2005 828/765-9873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #