


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000006332  
 1. Entity Name  
 CARMEL CONTRACTORS, INC.



Principal Place of Business  
 8030 ENGLAND STREET  
 CHARLOTTE, NC 28273

Mailing Address  
 8030 ENGLAND STREET  
 CHARLOTTE, NC 28273

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3107997	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE 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 title 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  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MCLAMB, NATHAN H 4508 N. PARVIEW DRIVE CHARLOTTE, NC 28226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPT TUTTLE, SCOTT B 1130 KANAWHA COURT FORT MILL, SC 29715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAYNE, ELIZABETH R 1514 TURTLEWOOD DRIVE WAXHAW, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROACH, DOYLE H 864 OLD CAMDEN MONROE ROAD LANCASTER, SC 29720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUTTLE, SCOTT B 1130 KANAWHA COURT FORT MILL, SC 29715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elizabeth R. Payne (Elizabeth R Payne) 1/10/05 704/552-2338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #