


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90047 022 ***150.00

DOCUMENT # P93000008327

1. Entity Name
FLSUB-44, INC.



Principal Place of Business
**5260 PARKWAY PLAZA
 SUITE 140
 CHARLOTTE NC 28217**

Mailing Address
**P.O. BOX 241448
 CHARLOTTE NC 28224-1448**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **65-0390310**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent
 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALEMAN, GIL E	
STREET ADDRESS	P.O. BOX 241448	
CITY-ST-ZIP	CHARLOTTE NC 28224-1448	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLSON, MICHAEL	
STREET ADDRESS	P.O. BOX 241448	
CITY-ST-ZIP	CHARLOTTE NC 28224-1448	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FOTSCH, ROBERT M	
STREET ADDRESS	P.O. BOX 241448	
CITY-ST-ZIP	CHARLOTTE NC 28224-1448	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARKNESS, WARD E	
STREET ADDRESS	P.O. BOX 241448	
CITY-ST-ZIP	CHARLOTTE NC 28224-1448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael W. Willson	
STREET ADDRESS	PO Box 241448	
CITY-ST-ZIP	Charlotte NC 28224-1448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL W. GUIDACE JR.	
STREET ADDRESS	PO Box 241448	
CITY-ST-ZIP	Charlotte NC 28224-1448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Ward E. Harkness WARD E. HARKNESS 3/28/05 704-523-2191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #