

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 819205

1. Entity Name
CIMARRON APARTMENTS, INC.



Principal Place of Business
**340 REA RD
WEDDINGTON, NC 28173**

Mailing Address
**PO BOX 78915
CHARLOTTE, NC 28271**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1097595	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

**ABERNETHY, BRUCE R., ESQ.
900 VIRGINIA AVE.
SUITE G
FT. PIERCE, FL 34950**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLAND, R. CALVIN 340 REA ROAD WEDDINGTON, NC 28173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAND, STANLEY 340 REA ROAD WAXHAW, NC 28173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, BETTY M. 340 WEDDINGTON-MARVIN RD WEDDINGTON, NC 28173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLAND, K. TODD 121 LAFITTE DRIVE WAVELAND, MS 39576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORMAN, DEBRA H 633 WOODS WAY WAKE FOREST, NC 27587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORMAN, THOMAS O 633 WOODS WAY WAKE FOREST, NC 27587

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03/07/05-80045-022 150.00

**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)(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: R. CALVIN HOLLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-2805 704-8461029
Date Daytime Phone #