

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90178 039 ***150.00

DOCUMENT # 835201

1. Entity Name
COMPUTER CREDIT, INC.



Principal Place of Business
**640 W 4TH ST
WINSTON SALEM, NC 27101 US**

Mailing Address
**P. O. BOX 5238
WINSTON-SALEM, NC 27113-2238 US**

94069440



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1021667

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARBER, GARY S.
BROWARD FINANCIAL CENTER, 17TH FLOOR
500 E. BROWARD BLVD.
FT. LAUDERDALE, FL 33394**

**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, 2004 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	PTD LAKE, J. GILMOUR #1 GRAYLYN PL. WINSTON SALEM, NC 27106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS MANUEL, RICKIE L 176 WAYSIDE DR. WINSTON-SALEM, NC 27107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKETT, LONDON L 5170 HUNTCLEIFF TRAIL 2805 Wesleyan La. WINSTON-SALEM, NC 27104 27106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULTON, PAUL 1093 F. KENT RD. WINSTON-SALEM, NC 27104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JORDAN, CHARLES 700 LANKASHIRE RD. WINSTON SALEM, NC 27106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 (336) 761-1524

Date

Daytime Phone #