

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90568 032 \*\*\*150.00

20036400



04012005 Chg-P CR2E034 (10/03)

4. FEI Number 36-3209918 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

## 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**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCILQUHAM, DAVID J	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIRSHORN, JAMES B	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, KENNETH L	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHERMAN, DAVID V	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOEHMER, MARK D	
STREET ADDRESS	ONE OFFICE PKWY.	
CITY-ST-ZIP	TRINITY, NC 27370	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEHMER, MARK D
STREET ADDRESS	ONE OFFICE PARKWAY
CITY-ST-ZIP	TRINITY, NC 27370
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: DAVID V. SHERMAN 4-11-05 (326) 861-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #