


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000618 1. Entity Name SUNBELT DIVERSIFIED SERVICES, INC.	
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Principal Place of Business 4224 TUDOR LANE SUITE 105 GREENSBORO, NC 37410	Mailing Address 4224 TUDOR LANE SUITE 105 GREENSBORO, NC 37410
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FC Number 56-1515357	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 CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DRIVE PONTE VEDRA BEACH, FL 32082

**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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RHODES, WILLIAM B 5920 DAVIS MILL RD. GREENSBORO, NC 27406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DR PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/06/04-80001-007 150.00

**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: W B Rhodes President W B Rhodes 6-30-04 336-884-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to Prepare if