

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F01000003293**

1. Entity Name  
**S I PREMIUM PLAN, INC.**



Principal Place of Business  
**PO BOX 8010  
GOLDSBORO, NC 27533-8010**

Mailing Address  
**PO BOX 8010  
GOLDSBORO, NC 27533-8010**



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2091871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CRUIKSHANK, DAVID C  
4730 SR 64 EAST  
BRADENTON, FL 34208**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

DATE  
**000000705130**  
**01/16/08-80084-004 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
STRICKLAND, ROBERT W  
133 QUAIL CROFT DR.  
GOLDSBORO, NC**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
STRICKLAND, ROBERT C  
141 QUAIL CROFT DR.  
GOLDSBORO, NC**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
TILLMAN, MARIANNA S  
140 QUAIL CROFT DR.  
GOLDSBORO, NC**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
LOCKARD, THOMAS B  
117 MILL RUN PL  
GOLDSBORO, NC 27534**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
YARBROUGH, RICHARD C  
116 DEERBORN DR.  
GOLDSBORO, NC**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
AYCOCK, L. PAUL  
132 QUAIL CROFT DR.  
GOLDSBORO, NC**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**Thomas B. Lockard**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/08**  
Date

**919-759-3270**  
Daytime Phone #