

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90013 017 \*\*\*150.00

**DOCUMENT # F01000003577**

1. Entity Name

LITTLETON COMPANY, INC. OF NC



Principal Place of Business

3690 NORTH US 1  
~~SPRUCE PINE NC 28777~~

Mailing Address

232 EASTRIDGE DRIVE  
SPRUCE PINE NC 28777

**DBA THE LITTLETON Collection**

2. Principal Place of Business

**3690 NORTH US 1**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT PIERCE FL**

City & State

City & State

Zip  
**34946**

Country

Zip

Country

4. FEI Number **56-1274075**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIFFIN, CHESTER**  
**311 SOUTH 2ND STREET, SUITE 20C**  
**FT PIERCE FL 34950**

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

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**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete  
NAME **LITTLETON, HARVEY K**  
STREET ADDRESS **232 EASTRIDGE DRIVE**  
CITY-ST-ZIP **SPRUCE PINE NC 28777**

TITLE **VPVC** ☐ Delete  
NAME **SHAY, CAROL L**  
STREET ADDRESS **356 WINE ROAD - WING ROAD**  
CITY-ST-ZIP **BAKERSVILLE NC 28705**

TITLE **STD** ☐ Delete  
STREET ADDRESS **232 EASTRIDGE DRIVE**  
CITY-ST-ZIP **SPRUCE PINE NC 28777**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPVC** ☒ Change ☐ Addition  
NAME **SHAY CAROL L**  
STREET ADDRESS **356 WING RD**  
CITY-ST-ZIP **BAKERSVILLE NC 28705**

TITLE ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**CAROL LITTLETON SHAY**

**1/28/2004**

**828-765-9873**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #