


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000004521**  
 1. Entity Name  
**DAVID FARSACI, INC.**



Principal Place of Business      Mailing Address  
**3232 OAK LAKE BLVD.**      **3232 OAK LAKE BLVD.**  
**CHARLOTTE, NC 28208**      **CHARLOTTE, NC 28208**

**DO NOT WRITE IN THIS SPACE**



04262005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**25-1359294**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**FARSACI, DAVID A**  
**4451 GULF SHORE BLVD N.**  
**NAPLES, FL 34103**

**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 resigning)      DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD FARSACI, DAVID A 4451 GULF SHORE BLVD N., #2004 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD FARSACI, DAVID M 3408 WEST SLOPE CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CS PALMER, DARLA J 3232 OAK LAKE BLVD. CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD FARSACI, KATHLEEN J 4451 GULF SHORE BLVD N., #2004 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 04/30/05-80078-003 158.75

**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)(c), 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: Darla J. Palmer    Darla J. Palmer/Corp. Sect.    04/24/05    704-367-8855  
Signature and Title of Printed Name of Signing Officer or Director      Date      Daytime Phone #