

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90094 009 \*\*\*150.00

**DOCUMENT # F02000005629**

1. Entity Name  
DELRAY BEACH FL, INC.



Principal Place of Business  
2635 E. MILLBROOK RD  
RALEIGH, NC 27604

Mailing Address  
2635 E. MILLBROOK RD  
RALEIGH, NC 27604

**14005542**



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
27-0037022

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
LAVRACK, WAYNE D  
2635 E. MILLBROOK RD  
RALEIGH, NC 27604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
GARDNER, JOHN W  
2635 E. MILLBROOK RD  
RALEIGH, NC 27604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
GARRISON, CHARLES E  
2635 E. MILLBROOK RD  
RALEIGH, NC 27604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KUYKENDALL, WILLIAM D  
2635 E. MILLBROOK RD  
RALEIGH, NC 27604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GUURLINGER, RICHARD B  
2635 E. MILLBROOK RD  
RALEIGH, NC 27604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
JOHNSON, J. HINES III  
2635 E. MILLBROOK RD  
RALEIGH, NC 27604

**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)(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 to this address, with all other like empowered.

**SIGNATURE:**

**CHARLES E. GARRISON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Daytime Phone #