

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90048 037 \*\*\*150.00

**DOCUMENT # F04000000409**

1. Entity Name  
**THE CONTRACTOR YARD, INC.**



Principal Place of Business  
**PIER 3, FURMAN ST  
BROOKLYN, NY 11201**

Mailing Address  
**PIER 3, FURMAN ST  
BROOKLYN, NY 11201**

**50032514**



2. Principal Place of Business  
**900 West Trade Street**

3. Mailing Address  
**900 West Trade Street**

Suite, Apt. #, etc.  
**Suite 715**

Suite, Apt. #, etc.  
**Suite 715**

03252005 Chg-P CR2E034 (10/03)

City & State  
**Charlotte, NC**

City & State  
**Charlotte, NC**

4. FEI Number  
**73-1685704**

Applied For  
☐ Not Applicable

Zip  
**28202**

Country  
**USA**

Zip  
**28202**

Country  
**USA**

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

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **DP** ☒ Delete  
NAME **MARINA, FREDERICK M**  
STREET ADDRESS **PIER 3, FURMAN ST**  
CITY-ST-ZIP **BROOKLYN, NY 11201**

TITLE **EVP** ☒ Delete  
NAME **GAITES, ROBERT J**  
STREET ADDRESS **PIER 3, FURMAN ST**  
CITY-ST-ZIP **BROOKLYN, NY 11201**

TITLE **ST** ☒ Delete  
NAME **POLISHOOK, DAVID**  
STREET ADDRESS **PIER 3, FURMAN ST**  
CITY-ST-ZIP **BROOKLYN, NY 11201**

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 **CEO** ☐ Change ☒ Addition  
NAME **M. Benfield Phillips**  
STREET ADDRESS **900 West Trade Street, Suite 715**  
CITY-ST-ZIP **Charlotte, NC 28202**

TITLE **Pres & COO** ☐ Change ☒ Addition  
NAME **Quinton R. Ables**  
STREET ADDRESS **900 West Trade Street, Suite 715**  
CITY-ST-ZIP **Charlotte, NC 28202**

TITLE **VP & Secretary** ☐ Change ☒ Addition  
NAME **Steven M. Diniaco**  
STREET ADDRESS **900 West Trade Street, Suite 715**  
CITY-ST-ZIP **Charlotte, NC 28202**

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:** Jerry Willhite - Sr. Acctnt. *J. Willhite*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

704.330.2339

Date

Daytime Phone #