

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000650

FILED
Apr 28, 2005
Secretary of State

Entity Name: ESP ASSOCIATES OF NORTH CAROLINA, P.A.

Current Principal Place of Business:

10915 SOUTHERN LOOP BLVD.
PINEVILLE, NC 28134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7030
CHARLOTTE, NC 28241

New Mailing Address:

FEI Number: 56-1531467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENDRICK, JOSEPH W
Address: 10915 SOUTHERN LOOP BLVD
City-St-Zip: PINEVILLE, NC 28134

Title: VD () Delete
Name: BRUNO, JOSEPH R JR.
Address: 10915 SOUTHERN LOOP BLVD.
City-St-Zip: PINEVILLE, NC 28134

Title: VD () Delete
Name: HORTSTKAMP, EDWARD G III
Address: 10915 SOUTHERN LOOP BLVD.
City-St-Zip: PINEVILLE, NC 28134

Title: VD () Delete
Name: DEAN, DAVID A
Address: 10915 SOUTHERN LOOP BLVD.
City-St-Zip: PINEVILLE, NC 28134

Title: V () Delete
Name: BOUDREAU, LOUIS
Address: 715 71ST AVENUE
City-St-Zip: ST PETE'S BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. DEAN

EVP

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date