

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006857

1. Entity Name
CAROLINA RELOCATION GROUP, INC.



Principal Place of Business
3221 ZEBULON ROAD, SUITE C
ROCKY MOUNT, NC 27804

Mailing Address
PO BOX 7697
ROCKY MOUNT, NC 27804



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1723305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 file 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
NAME
STREET ADDRESS
CITY - ST - ZIP
C
DECKER, BARBARA
3221 ZEBULON ROAD, SUITE C
ROCKY MOUNT, NC 27804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HULL, H. WILLIAM JR
3221 ZEBULON ROAD, SUITE C
ROCKY MOUNT, NC 27804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HUTCHINS, GREGORY S
3221 ZEBULON ROAD, SUITE C
ROCKY MOUNT, NC 27804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
ALDRIDGE, MARGARET D
3221 ZEBULON ROAD, SUITE C
ROCKY MOUNT, NC 27804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

0000001270749
03/21/05-80020-016 150.00

**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)(f), 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 empowerments.

SIGNATURE:

Barbara F. Decker Barbara F. Decker

3/14/05 252-937-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #