

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

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

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME DECKER, BARBARA
STREET ADDRESS 3221 ZEBULON ROAD, SUITE C
CITY- ST- ZIP ROCKY MOUNT NC 27804

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000430724
02/22/06 80059-020 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 119, 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: Margaret D. Aldridge

2/8/06

252-937-6363