2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nar		# F0500000 I, INC.	2531	31			04-03-2006	5 90411 009 ***	*150.00
Principal Plac	ce of Busines	s	Mailing Address		·				
216 MAYO STREET ROCKY MOUNT, NC 27804			P.O. DRAWER 2426	-				500086	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01062006	Chg-P	CR2E034 (11/05)
City & State			City & State			4. FEI Number 56-0753	605		ot Applicable
Zip	Zip Country		Zip	Country		5. Certificate of		\$8.75 Ac	dditional
	6. Name	and Address of Curren	t Registered Agent			7. Name and A	ddress of New Re		
JOHNSON	J CHARLE	S D 1D			Name				
8632 LINE	BROOK D				Street Addres	ss (P.O. Box Number	is Not Acceptable)		
					City			FL Zip Co	
8. The above the obligat	e named entity tions of regist	y submits this statement fi ered agent.	or the purpose of changing its	register	ed office or regis	stered agent, or both,	in the State of Flori	ida. I am familiar with	, and accept
SIGNATURE.	Signature, lyped	or printed name of registered agen	t and title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)		DATE	
FIL After M	E NOW!!! ay 1, 2006	FEE IS \$150.00 Fee will be \$550.	9. Election Campa Trust Fund Cont	ign Finar ribution.		55.00 May Be dded to Fees			
10.	Lon	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11
TITLE NAME	CP ROSE, DII	LLON W	☐ Delete	TITLE		/P			☐ Addition
STREET ADDRESS CITY-ST-ZIP	P.O. DRA			STRE	- к	ose, Dillo 05 Evergre ocky Mount	n W. en Rd	.	
TITLE	VST	0011,110 27004	Delete	TITLE			, NC 2/803		
NAME		JRN, WILLIAM	_ Delete	NAMI		/T/D arshburn, l	William	X Change	Addition
STREET ADDRESS CITY-ST-ZIP	P.O. DRAY	WER 2426 OUNT, NC 27804	_		T ADDRESS 1	409 Jeremy ocky Mount	Lane	3	
TETLE			☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS				
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STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP				i
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STREET ADDRESS CITY-ST-ZIP TITLE NAME			□ Detete	STREE CITY- TITLE NAME	T ADDRESS ST-ZIP			Change	Addition
STREET ADDRESS CITY-ST-ZIP			□ Detete	STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP			☐ Change	Addition

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: Dillon W. Rose	3/29/06	252-442-6105	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	