2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# F93000003162

Entity Name: REECE, NOLAND & MCELRATH, INC.

Current Principal Place of Business:

409 N HAYWOOD STREET
WAYNESVILLE, NC 287860540 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540
WAYNESVILLE, NC 287860540

New Mailing Address:

FEI Number: 56-1033094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'MEARA, TOM
ST. BRENDAN'S ISLE, INC.
411 WALNUT ST.
GREEN COVE SPRINGS, FL 320433443 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: VD ( ) Delete
Name: MCELRATH, W L JR
Address: 409 N HAYWOOD STREET
City-St-Zip: WAYNESVILLE, NC 287860540

Title: VD ( ) Delete
Name: REECE, C. JEFF JR
Address: 409 N HAYWOOD STREET
City-St-Zip: WAYNESVILLE, NC 287860540

Title: PDC ( ) Delete
Name: KAUFMAN, STEPHEN C
Address: 409 N HAYWOOD STREET
City-St-Zip: WAYNESVILLE, NC 287860540

Title: T ( ) Delete
Name: REECE, JUDITH W
Address: 409 N HAYWOOD STREET
City-St-Zip: WAYNESVILLE, NC 287860540

Title: S ( ) Delete
Name: GARRETT, CHARLES W
Address: 409 NORTH HAYWOOD STREET
City-St-Zip: WAYNESVILLE, NC 287860540

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: C. JEFF REECE, JR. VD 03/08/2004

Electronic Signature of Signing Officer or Director — Date