

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000001635**

1. Entity Name  
**CARLYLE & CO. OF MONTGOMERY**



Principal Place of Business  
**P.O. BOX 21768  
GREENSBORO, NC 27420-1768**

Mailing Address  
**P.O. BOX 21768  
GREENSBORO, NC 27420-1768**

**DO NOT WRITE IN THIS SPACE**



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**56-1137865**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CASTELLI, WILLIAM  
4041 SUNBEAM RD.  
SUITE 1  
JACKSONVILLE, FL 32257**

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PD COHEN, LAWRENCE M 4615 DUNDAS DR. GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD COHEN, JOHN K 4615 DUNDAS DR. GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COHEN, RUSSELL L 4615 DUNDAS DR. GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BACKER, RICHARD I 4615 DUNDAS DR. GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD BERNSTEIN, MARTIN M 4615 DUNDAS DR. GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/12/04-80034-021 150.00

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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)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John K Cohen**

Date

**4/8/04**

Daytime Phone #