

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90062 023 \*\*\*150.00

**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**

4010631



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**HARRIS, RANDY  
152 THE AVENUES  
10300 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32256-0741**

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VTD
NAME	COHEN, JOHN K
STREET ADDRESS	4615 DUNDAS DR.
CITY-ST-ZIP	GREENSBORO, NC 27407

TITLE	VD
NAME	COHEN, RUSSELL L
STREET ADDRESS	4615 DUNDAS DR.
CITY-ST-ZIP	GREENSBORO, NC 27407

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Don L. Conrad  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.1.2007 336/218-7274  
Date Daytime Phone #