

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90101 017 ***150.00

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1. Entity Name

THOMAS-MCCANTS MEDIA INC.



Principal Place of Business

JACKSONVILLE BLACK PAGES
101 CENTURY 21 DR STE 119 E
JACKSONVILLE FL 32216
US

Mailing Address

1806 WASHINGTON STREET
COLUMBIA SC 29201

50050333



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

101 Century 21 Drive
Suite, Apt. #, etc.
119-E

3. Mailing Address

1806 Washington St.
Suite, Apt. #, etc.

City & State

Jacksonville, FL
Zip 32216 Country USA

City & State

Columbia, SC
Zip 29201 Country USA

4. FEI Number

54-1703256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, THELMA
101 CENTURY 21 DR
STE 119 E
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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

Thelma Davidson
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/29/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE P ☐ Delete
NAME MCCANTS, GERRY
STREET ADDRESS 272 N FRONT ST STE 347
CITY-ST-ZIP WILMINGTON NC 28401

TITLE VP ☐ Delete
NAME THOMAS, DARRIN
STREET ADDRESS 1806 WASHINGTON ST
CITY-ST-ZIP COLUMBIA SC 29201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Gerry McCants
STREET ADDRESS 709 E. Market St., Ste 205C
CITY-ST-ZIP Greensboro, NC 27401

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

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

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CITY-ST-ZIP

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

Gerry McCants
Signature and typed or printed name of signing officer or director Date 4/29/05 803-254-6404 Daytime Phone #