

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000003226

1. Entity Name
THE QUAKER AGENCY OF THE SOUTH, INC.



Principal Place of Business

**2333 RANDOLPH RD.
STE. 200
CHARLOTTE, NC 28207**

Mailing Address

**P.O. BOX 222129
CHARLOTTE, NC 28222-1229**

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-1559982

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, DANA C
607 HWY 98 E 4475 LEGENDARY DR.
DESTIN, FL 32541**

**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, 2005 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
**PDC
WALSH, FRANK M
120 GREENWICH RD.
CHARLOTTE, NC 28211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VST
SANDERS, DOUGLAS J
120 GREENWICH RD.
CHARLOTTE, NC 28211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC
SANDERS, DOUGLAS J
120 GREENWICH RD.
CHARLOTTE, NC 28211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
SECOR, JUDITH W
120 GREENWICH RD.
CHARLOTTE, NC 28211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MCKAIG, A S III
219 GREENWICH RD.
CHARLOTTE, NC 28211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000260439
03/12/05-80024-013 150.00

**DO NOT WRITE
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)(f), 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:

Douglas J Sanders **DOUGLAS J SANDERS** 3-9-05 704-602-5924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #