

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000005129  
1. Entity Name  
TRIAD DESIGN GROUP, P.C.



Principal Place of Business 4807 KOGER BLVD STE C GREENSBORO, NC 27407	Mailing Address 4807 KOGER BLVD STE C GREENSBORO, NC 27407
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02182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-1892684	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
JACOBSON, NORMAN E  
2033 MAIN ST #504  
SARASOTA, FL 34237

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-filing)

**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	DP STONE, THOMAS J 4807-C KOGER BLVD GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, MARK J PE 4807-C KOGER BLVD GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LINDSEY, RODNEY M AIA 4807 - C KOGER BLVD GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILL, L. ALLAN PE 4807 - C KOGER BLVD GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITE, JIMMY O 4807-C KOGER BLVD GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000244263  
02/26/05-80019-017 150.00

**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: Thomas J. Stone Thomas J. Stone Feb 22, 2005 336-218-8282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #