

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**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



03082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>56-1892684                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>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

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 DP  
NAME STONE, THOMAS J  
STREET ADDRESS 4807-C KOGER BLVD  
CITY-ST-ZIP GREENSBORO, NC 27407

TITLE DS  
NAME DAVIS, MARK J PE  
STREET ADDRESS 4807-C KOGER BLVD  
CITY-ST-ZIP GREENSBORO, NC 27407

TITLE DT  
NAME LINDSEY, RODNEY M AIA  
STREET ADDRESS 4807 - C KOGER BLVD  
CITY-ST-ZIP GREENSBORO, NC 27407

TITLE DV  
NAME HILL, L. ALLAN PE  
STREET ADDRESS 4807 - C KOGER BLVD  
CITY-ST-ZIP GREENSBORO, NC 27407

TITLE DV  
NAME WHITE, JIMMY O  
STREET ADDRESS 4807-C KOGER BLVD  
CITY-ST-ZIP GREENSBORO, NC 27407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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03/27/07-80029-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Stone

3/13/2007

336-718-8202

Date

Daytime Phone #