

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 036 ***150.00

DOCUMENT # F97000003407	
1. Entity Name CCA FINANCIAL, INC.	

Principal Place of Business 8080 AMF DRIVE RICHMOND, VA 23111 10411 Dow-Gill Road Ashland, VA 23005	Mailing Address P O BOX 17190 RICHMOND, VA 23226 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0903267	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 520 E. PARK AVENUE TALLAHASSEE, FL 32304 2731 Executive Park Drive, Ste 4 Weston, FL 33331	DO NOT WRITE IN THIS SPACE
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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.

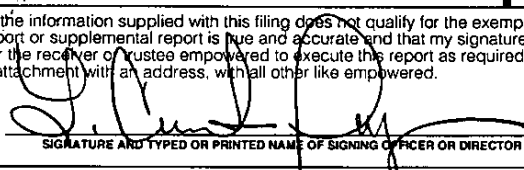
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, RICHARD 8080 AMF DRIVE MECHANIESVILLE, VA 23111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DUCER, L.CURTIS 8080 AMF DR. MECHANICSVILLE, VA 23111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAY, PEGGY T 8080 AMF DR. MECHANICSVILLE, VA 23111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ALVERS, KIM 8080 AMF DRIVE MECHANICSVILLE, VA 23111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMSTRONG, BEVERLEY W 901 EST CARY ST., STE 1500 RICHMOND, VA 23219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, WILLIAM H JR 901 E CARY ST, STE 1500 RICHMOND, VA 23219

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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 (804) 285-5500
Date Daytime Phone #

L. CURTIS DUGGER