

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005928

FILED
Mar 31, 2004
Secretary of State

Entity Name: ROAD MANAGER FINANCIAL SERVICES, INC.

Current Principal Place of Business:

7025 ALBERT PICK ROAD
STE 105
GREENSBORO, NC 27409 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26131
GREENSBORO, NC 274026131

New Mailing Address:

FEI Number: 56-2040762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: RYAN, JAMES R
Address: 7025 ALBERT PICK ROAD, SUITE 105
City-St-Zip: GREENSBORO, NC 27409

Title: D () Delete
Name: ROY, STEPHEN D
Address: 7025 ALBERT PICK ROAD, SUITE 105
City-St-Zip: GREENSBORO, NC 27409

Title: VS () Delete
Name: DAVIDSON, TERESA D
Address: 7025 ALBERT PICK ROAD, SUITE 105
City-St-Zip: GREENSBORO, NC 27409

Title: VT () Delete
Name: HOYT, THOMAS
Address: 7025 ALBERT PICK ROAD, SUITE 105
City-St-Zip: GREENSBORO, NC 27409

Title: AS () Delete
Name: HEADLEE, FRANCINE
Address: 7025 ALBERT PICK ROAD, SUITE 105
City-St-Zip: GREENSBORO, NC 27409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA D DAVIDSON

VS

03/31/2004

Electronic Signature of Signing Officer or Director

_____ Date