

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90093 032 ***150.00

14005469



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2160745

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAVRACK, WAYNE D
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	V
NAME	KUYKENDALL, WILLIAM D
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	VD
NAME	GARDNER, JOHN
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	SD
NAME	GARRISON, CHARLES E
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	T
NAME	GUIRLINGER, RICHARD B
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	AS
NAME	JOHNSON, J. HINES
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604

**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

Charles Garrison

4/16/04

Daytime Phone #