

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90526 023 ***150.00

34041078



04202004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0732424** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

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	P	<input type="checkbox"/> Delete
NAME	PRESTWOOD, THOMAS A	
STREET ADDRESS	5601 N. MACARTHUR BLVD STE 100	
CITY-ST-ZIP	FORT COBB, OK 73038	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, GABRIELA	
STREET ADDRESS	100 REGENCY FOREST DR	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	S	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN H	
STREET ADDRESS	100 REGENCY FOREST DRIVE, STE 100	
CITY-ST-ZIP	CARY, NC 27511	
TITLE	T	<input type="checkbox"/> Delete
NAME	FELMAN, JAMES S	
STREET ADDRESS	100 REGENCY FOREST DR	
CITY-ST-ZIP	CARY, NC 27511	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILTZ, TIMOTHY G	
STREET ADDRESS	100 REGENCY FOREST DRIVE, STE 100	
CITY-ST-ZIP	CARY, NC 27511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas A. Prestwood	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gabriela Gonzalez	
STREET ADDRESS	100 Regency Forest DR	
CITY-ST-ZIP	Cary, NC 27511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: James S. Felman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-04

919-468-0112