

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90526 026 ***150.00

DOCUMENT # M07082

1. Entity Name
LODESTAR TOWER JACKSONVILLE, INC.



Principal Place of Business
**100 REGENCY FOREST DRIVE
SUITE 100
CARY, NC 27511 US**

Mailing Address
**100 REGENCY FOREST DRIVE
SUITE 100
CARY, NC 27511 US**

54041075



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2458286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D BILTZ, TIMOTHY G** ☐ Delete
STREET ADDRESS **100 REGENCY FOREST DR SUITE 100**
CITY-STATE-ZIP **CARY, NC 27511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME **P PRESTWOOD, THOMAS A** ☐ Delete
STREET ADDRESS **5601 N MACARTHUR BLVD STE 100**
CITY-STATE-ZIP **IRVING, TX 75038**

TITLE ☒ Change ☐ Addition
NAME **Thomas A. Prestwood**
STREET ADDRESS **100 Regency Forest DR**
CITY-STATE-ZIP **Cary, NC 27511**

TITLE
NAME **GONZALEZ, GABRIELA** ☐ Delete
STREET ADDRESS **100 REGENCY FOREST DR**
CITY-STATE-ZIP **CARY, NC 27511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME **AT FELMAN, JAMES S** ☐ Delete
STREET ADDRESS **100 REGENCY FOREST DR**
CITY-STATE-ZIP **CARY, NC 27511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME **S LYNCH, JOHN H** ☐ Delete
STREET ADDRESS **100 REGENCY FOREST DR SUITE 100**
CITY-STATE-ZIP **CARY, NC 27511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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