

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90064 035 ***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



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BILTZ, TIMOTHY G
STREET ADDRESS	100 REGENCY FOREST DR SUITE 100
CITY-ST-ZIP	CARY, NC 27511
TITLE	P
NAME	PRESTWOOD, THOMAS A
STREET ADDRESS	100 REGENCY FOREST DR
CITY-ST-ZIP	CARY, NC 27511
TITLE	V
NAME	GONZALEZ, GABRIELA
STREET ADDRESS	100 REGENCY FOREST DR
CITY-ST-ZIP	CARY, NC 27511
TITLE	AT
NAME	FELMAN, JAMES S
STREET ADDRESS	100 REGENCY FOREST DR
CITY-ST-ZIP	CARY, NC 27511
TITLE	S
NAME	LYNCH, JOHN H
STREET ADDRESS	100 REGENCY FOREST DR SUITE 100
CITY-ST-ZIP	CARY, NC 27511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

James S. Felman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05
Date

919-468-0112
Daytime Phone #