

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90298 013 \*\*\*150.00

**44038987**



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number **52-1371068** 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**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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	P
NAME	SULLIVAN, JOHN L.
STREET ADDRESS	140 N. MAIN STREET
CITY-ST-ZIP	SUMMERVILLE, SC
TITLE	SDT
NAME	GOLLIHER, RICHARD D.
STREET ADDRESS	140 N. MAIN ST.
CITY-ST-ZIP	SUMMERVILLE, SC 29484
TITLE	D
NAME	LAMBERT, JACK L
STREET ADDRESS	140 MAIN STREET
CITY-ST-ZIP	SUMMERVILLE, SC 29484
TITLE	VP
NAME	BUCHANAN, MARK E
STREET ADDRESS	12 CORPORATE WOODS BOULEVARD
CITY-ST-ZIP	ALBANY, NY 12211
TITLE	VD
NAME	HARVEY, RICHARD L
STREET ADDRESS	140 NORTH MAIN ST
CITY-ST-ZIP	SUMMERVILLE, SC 29484
TITLE	VAT
NAME	MELITA, BARBARA A
STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY-ST-ZIP	ALBANY, NY 12211

**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: Barbara A Melita Barbara A Melita

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #