

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P17892

1. Entity Name
BINGHAM COFFEE COMPANY



Principal Place of Business
**300 U.S. HIGHWAY 29S.
P.O. BOX 1628
CONCORD, NC 28026-1628 US**

Mailing Address
**300 U.S. HIGHWAY 29S.
P.O. BOX 1628
CONCORD, NC 28025**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1151006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLACKBURN, A.B., JR.
1921 DEWEY PLACE
JACKSONVILLE, FL 32207**

**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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HINSON, RON
893 CRAIGMONT LN
CONCORD, NC 28027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
COLE, STEVE
341 BECKWITH LANE
CONCORD, NC**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
ROBINSON, JACK
1917 CHESTERFIELD
BELMONT, NC 28012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COLE, STEPHEN F.
341 BECKWITH LANE
CONCORD, NC**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/04/05-80039-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jack Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Robinson

4/25/05

Date

7047823121

Daytime Phone #