


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P17892</b> 1. Entity Name <b>BINGHAM COFFEE COMPANY</b>	
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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



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-1151006</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

U000000562699  
05/19/06-80065-022 150.00

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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Jack Robinson, Controller 412-106-7047823121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #