2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
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

05022007 No Chg-P CR2E034 (11/05)

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

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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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HINSON, RON
STREET ADDRESS	893 CRAIGMONT LN
CITY-ST-ZIP	CONCORD, NC 28027
TITLE	S
NAME	COLE, STEVE
STREET ADDRESS	341 BECKWITH LANE
CITY-ST-ZIP	CONCORD, NC
TITLE	C
NAME	ROBINSON, JACK
STREET ADDRESS	1917 CHESTERFIELD
CITY-ST-ZIP	BELMONT, NC 28012
TITLE	T
NAME	COLE, STEPHEN F.
STREET ADDRESS	341 BECKWITH LANE
CITY-ST-ZIP	CONCORD, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 5/2/07 704-823-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #