# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # P17892

1. Entity Name
BINGHAM COFFEE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 300 U.S. HIGHWAY 29S.<br>P.O. BOX 1628<br>CONCORD, NC 28026-1628 US | 300 U.S. HIGHWAY 29S.<br>P.O. BOX 1628<br>CONCORD, NC 28025 |

04212008 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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 | 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 | |

U00000927932
05/21/08-80007-025 150.00

DO NOT WRITE 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 4/21/08 7046823421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #