2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P22788

1. Entity Name
RALPH WHITEHEAD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4348 SOUTHPOINT BLVD STE 310 JACKSONVILLE, FL 32216	PO BOX 35624 CHARLOTTE, NC 28235-5624 US

01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0730953
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ 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, 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	VPD
NAME	BRIGGS, RONALD C
STREET ADDRESS	10800 MIDLOTHIAN TURNPIKE
CITY-ST-ZIP	RICHMOND, VA 23235
TITLE	ASD
NAME	DEHLER, BRIAN D
STREET ADDRESS	1000 W. MOREHEAD, STE. 200
CITY-ST-ZIP	CHARLOTTE, NC 28208
TITLE	ATD
NAME	SIGMON, GREGORY R
STREET ADDRESS	1000 W. MOREHEAD, STE. 200
CITY-ST-ZIP	CHARLOTTE, NC 28208
TITLE	VP
NAME	GAGNE, JEFFEY L
STREET ADDRESS	1000 WEST MOREHEAD STREET
CITY-ST-ZIP	CHARLOTTE, NC 28208
TITLE	VPD
NAME	ZIMMERMAN, GEORGE T
STREET ADDRESS	3505 KOGER BLVD
CITY-ST-ZIP	DULUTH, GA 30096
TITLE	P
NAME	KELLEY, KENNETH T
STREET ADDRESS	4348 SOUTHPOINT BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32216

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02/24/05-80041-008 150.00

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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: J. Edward Jenkins 11/20/05 704.372.1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #