

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90033 017 ***150.00

40000104



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1441706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

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	V
NAME	METZNER, ALLAN E
STREET ADDRESS	2525 S. 17TH STREET
CITY-ST-ZIP	WILMINGTON, NC
TITLE	V
NAME	SMITH, GERALD Edward L.
STREET ADDRESS	2525 S. 17TH STREET
CITY-ST-ZIP	WILMINGTON, NC
TITLE	PD
NAME	ZIMMER, ALAN M
STREET ADDRESS	2525 S. 17TH STREET
CITY-ST-ZIP	WILMINGTON, NC
TITLE	SD
NAME	ZIMMER, ROBERTA G.
STREET ADDRESS	2525 S. 17TH STREET
CITY-ST-ZIP	WILMINGTON, NC
TITLE	T
NAME	ROUSE, JAMES R.
STREET ADDRESS	2525 S. 17TH STREET
CITY-ST-ZIP	WILMINGTON, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ALLAN E. METZNER 1/28/05 910 350-3135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #