

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P28702**

1. Entity Name  
**REEDS JEWELERS OF NORTH CAROLINA, INC.**



Principal Place of Business  
**2525 S. 17TH STREET  
P.O. BOX 2229  
WILMINGTON, NC 28402**

Mailing Address  
**2525 S. 17TH STREET  
P.O. BOX 2229  
WILMINGTON, NC 28402**



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-1441706**

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**

**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

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

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04/11/08-80083-009 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/08**

**910 350-3140**