## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P38878

Entity Name: MCKIM & CREED, P.A.

FILED Jan 15, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 243 N. FRONT ST. WILMINGTON, NC 28401 **Current Mailing Address: New Mailing Address:** 243 N. FRONT ST WILMINGTON, NC 28401 FEI Number: 56-1292862 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEE, A. STREET LEE, A. STREET 601 CLEVELAND STREET 1365 HAMLET AVENUE SUITE 205 CLEARWATER, FL 33756 US CLEARWATER, FL 33755 US 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. SIGNATURE: 01/15/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD ( ) Delete () Change () Addition CREED, MICHAEL W Name: Name: 243 N FRONT ST Address: Address: City-St-Zip: WILMINGTON, NC 28401 City-St-Zip: Title: DV Title: () Delete () Change () Addition Name: MCKIM, HERBERT P Name: 243 N. FRONT STREET Address: Address: WILMINGTON, NC 28401 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition THOMPSON, JOHN D Name: Name: 243 N. FRONT STREET Address: Address: City-St-Zip: WILMINGTON, NC 28401 City-St-Zip: Title: DV () Delete Title: () Change () Addition HALL, WILLIAM L JR Name: Name: Address: 200 MACKENAN COURT, SUITE 200 Address: City-St-Zip: CARY, NC 27511 City-St-Zip: Title: Title: ( ) Delete DV (X) Change ( ) Addition HALSTEAD, THOMAS M Name: Name: HALSTEAD, THOMAS M 601 CLEVELAND ST., STE 205 Address: 1365 HAMLET AVENUE Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33756 Title: **VDS** () Delete Title: () Change () Addition GLASS, CHRISTOPHER H Name: Name: 200 MACKENAN COURT, SUITE 200 Address: Address: City-St-Zip: City-St-Zip: CARY, NC 27511

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W CREED PCD 01/15/2005