

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000048130**

1. Entity Name  
PCF DEVELOPMENT CORPORATION



Principal Place of Business  
2265 LEWISVILLE CLEMMONS RD.  
SUITE "E"  
CLEMMONS, NC 27012 US

Mailing Address  
2265 LEWISVILLE CLEMMONS RD.  
SUITE "E"  
CLEMMONS, NC 27012 US



03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0503757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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, 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	PD
NAME	ANGIUOLI, RALPH
STREET ADDRESS	18246 MAINSAIL POINTE DR
CITY- ST- ZIP	CORNELIUS, NC 28031

TITLE	EVPS
NAME	ANGIUOLI, JR. R
STREET ADDRESS	18801 DEMBRIDGE RD
CITY- ST- ZIP	DAVIDSON, NC 28036

TITLE	D
NAME	ANGIUOLI, JR. R
STREET ADDRESS	18801 DEMBRIDGE RD.
CITY- ST- ZIP	DAVIDSON, NC 28031

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000318328  
04/19/05-80069-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:**

RALPH ANGIUOLI, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Angiuoli, Jr. US

336-778-0021  
Daytime Phone #