2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						
DOCUMENT # P96000049719 1. Entity Name FLSUB-37, INC.					FILED	
				THE STATE OF THE S	04 APR 30 PM 2:00	
Principal Place of Business 5260 PARKWAY PLAZA BLVD. SUITE 140 CHARLOTTE NC 28217 US		Mailing Address 5260 PARKWAY PLAZA BLVD. SUITE 140 CHARLOTTE NC 28217 US			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address PO BOX 241448				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State		Charlotte NC			4. FEI Number 65-0672526 Applied For Not Applicable	
Zip	Country	25824-1448	Country		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name () 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410			Street Address (P.O. Box Number is Not Acceptable)			
. 7			City	CATAllahassee FL 3339-252		
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 regardered agent.						
SIGNATURE Signature, typed or printed name of reputered agent and title if applicable. ASSIgnature required when reinstating) DATE						
FILE NOW!! FEE IS \$150.00						
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 No. Added to Added to State						
10.	OFFICERS AND	DIRECTORS	11.	10	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11	
TITLE NAME	P BELL, DAVID B	Delete .	TITLE		Street Change Chaddition	
STREET ADDRESS	P.O. BOX 241448		STREET ADDRESS		BOX 2414480221 11110	
CITY-ST-ZIP	CHARLOTTE NC 28224-1448		CITY-ST-ZIP	cha	173 FE NC 28224-1448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLSON, MICHAEL P.O. BOX 241448 CHARLOTTE NC 28224-1448	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		900036058229 Addition 05711/04-01052-001 **150.00	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	FOTSCH, RÖBERT M P.O. BOX 241448		NAME STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28224-1448		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PATELUNAS, R. J P.O. BOX 241448 CHARLOTTE NC 28224-1448	Z Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300	St Sec Change Maddition Her E Harkness Change Maddition Her E 2824-1448	
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TITLE		☐ Delete	TITLE		ໄດ້ປັ່ນ ☐ Change . ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		•	
CITY-ST-ZIP			CITY-ST-ZIP			
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.						

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR