

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90027 038 ***150.00

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1. Entity Name
CAROLINA FLORIDA PROPERTY #1AF, INC.



Principal Place of Business
508 W CENTRAL BLVD
ORLANDO, FL 32801 US

Mailing Address
P O BOX 2265
HICKORY, NC 28603 US

44025063



0330200 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3416508

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'KEEFE, DAN
300 S. ORANGE AVE
SUITE 1000
ORLANDO, FL 32801-3373

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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, 2004 Fee will be \$550.00.**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEILL, EDWARD C
STREET ADDRESS	2965 TATE BLVD SE
CITY-STATE-ZIP	HICKORY, NC 28601
TITLE	VP
NAME	TOWNSEND, KEITH R
STREET ADDRESS	201 GOVERNMENT AVE. SW, STE 208
CITY-STATE-ZIP	HICKORY, NC 28602
TITLE	STD
NAME	HAGAR, THOMAS
STREET ADDRESS	723 S SHARON AMITY, 120
CITY-STATE-ZIP	CHARLOTTE, NC 28211
TITLE	D
NAME	BERRY, RICHARD D JR
STREET ADDRESS	100 MAIN AVE NW STE 500
CITY-STATE-ZIP	HICKORY, NC 28601
TITLE	D
NAME	BROWN, LEE G
STREET ADDRESS	201 GOVERNMENT AVE SW STE 208
CITY-STATE-ZIP	HICKORY, NC 28602
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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: *R. Keith Townsend* **Roger Keith Townsend** **03/30/04** **828-345-013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #