

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098722

FILED  
Mar 14, 2007  
Secretary of State

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

## Current Principal Place of Business:

508 W CENTRAL BLVD  
ORLANDO, FL 32801 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 2265  
HICKORY, NC 28603 US

## New Mailing Address:

FEI Number: 59-3416508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'KEEFE, DAN  
300 S. ORANGE AVE  
SUITE 1000  
ORLANDO, FL 328013373 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEILL, EDWARD C  
Address: 14503 ISLEVIEW DR.  
City-St-Zip: WINTERGARDEN, FL 34787

Title: VP ( ) Delete  
Name: TOWNSEND, KEITH R  
Address: 201 GOVERNMENT AVE. SW, STE 208  
City-St-Zip: HICKORY, NC 28602

Title: STD ( ) Delete  
Name: HAGAR, THOMAS  
Address: 723 S SHARON AMITY, 120  
City-St-Zip: CHARLOTTE, NC 28211

Title: D ( ) Delete  
Name: BERRY, RICHARD D JR  
Address: 100 MAIN AVE NW STE 500  
City-St-Zip: HICKORY, NC 28601

Title: D ( ) Delete  
Name: BROWN, LEE G  
Address: 201 GOVERNMENT AVE SW STE 208  
City-St-Zip: HICKORY, NC 28602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: R. KEITH TOWNSEND

VP

03/14/2007

Electronic Signature of Signing Officer or Director

Date