## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000098722

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

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 400 WEST CHURCH ST. ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** P O BOX 2265 HICKORY, NC 28603 US FEI Number: 59-3416508 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'KEEFE, DAN 300 S. ORANGE AVE **SUITE 1000** ORLANDO, FL 328013373 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NEILL, EDWARD C Name: Name: 14503 ISLEVIEW DR. Address: Address: City-St-Zip: WINTERGARDEN, FL 34787 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition TOWNSEND, KEITH R Name: Name: 1333 2ND ST. NE, SUITE 207 Address: Address: HICKORY, NC 28601 City-St-Zip: City-St-Zip: Title: Title: STD ( ) Delete () Change () Addition HAGAR, THOMAS Name: Name: 723 S SHARON AMITY, 120 Address: Address: City-St-Zip: CHARLOTTE, NC 28211 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BERRY, RICHÁRD D JR Name: Name: Address: 5665 GRACE CHAPEL RD. Address: City-St-Zip: HICKORY, NC 28601 City-St-Zip: Title: Title: () Delete () Change () Addition BROWN, LEE G Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: R. KEITH TOWNSEND VP 04/13/2009

1333 2ND ST. NE. SUITE 207

HICKORY, NC 28601

Address: City-St-Zip: