


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000016815</b> 1. Entity Name <b>CAROLINA FLORIDA PROPERTIES AF#2, INC.</b>	
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Principal Place of Business <b>508 W CENTRAL BLVD ORLANDO, FL 32801 US</b>	Mailing Address <b>P O BOX 2265 HICKORY, NC 28603 US</b>
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**DO NOT WRITE IN THIS SPACE**



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3445000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**O'KEEFE, DAN  
% SHUTTS & BOWEN  
300 S ORANGE AVE SUITE 1000  
ORLANDO, FL 32801-3373**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TOWNSEND, KEITH R 201 GOVERNMENT AVE. SW., STE. 208 HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEILL, EDWARD 2965 TATE BLVD SE HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAGER, THOMAS 723 S SHARON AMITY, STE 120 CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, LEE G 201 GOVERNMENT AVE SW, STE 208 HICKORY, NC 28602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERRY, RICK 100 MAIN AVE N STE 500 HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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04/01/04-80014-025 150.00

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 R. Keith Townsend 03/29/04 828-345-0121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #