

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016815

FILED
Apr 28, 2005
Secretary of State

Entity Name: CAROLINA FLORIDA PROPERTIES AF#2, 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: 59-3445000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'KEEFE, DAN
% SHUTTS & BOWEN
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: V () Delete
Name: TOWNSEND, KEITH R
Address: 201 GOVERNMENT AVE. SW., STE. 208
City-St-Zip: HICKORY, NC 28601

Title: PD () Delete
Name: NEILL, EDWARD
Address: 2965 TATE BLVD SE
City-St-Zip: HICKORY, NC 28601

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

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

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

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 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 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

04/28/2005

Electronic Signature of Signing Officer or Director

Date