

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-06-2004 90027 039 \*\*\*150.00

**DOCUMENT # P98000042165**

1. Entity Name  
**CFP #5, INC.**



Principal Place of Business  
**508 W CENTRAL BLVD  
ORLANDO, FL 32301**

Mailing Address  
**PO BOX 2265  
HICKORY, NC 28603**

**44025062**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

0330200- Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3510728**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 transferring)

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

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEIL, EDWARD C	
STREET ADDRESS	100 NORTH TRYON STREET FLOOR 47	
CITY-ST-ZIP	CHARLOTTE, NC 282024003	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAGER, THOMAS A	
STREET ADDRESS	100 NORTH TRYON STREET FLOOR 47	
CITY-ST-ZIP	CHARLOTTE, NC 282024003	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LEE G	
STREET ADDRESS	100 NORTH TRYON STREET FLOOR 47	
CITY-ST-ZIP	CHARLOTTE, NC 282024003	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, R K	
STREET ADDRESS	100 NORTH TRYON STREET FLOOR 47	
CITY-ST-ZIP	CHARLOTTE, NC 282024003	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, RICHARD D JR.	
STREET ADDRESS	100 NORTH TRYON STREET FLOOR 47	
CITY-ST-ZIP	CHARLOTTE, NC 282024003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS	<b>201 GOV. AVE. S.W. SUITE 208</b>	
CITY-ST-ZIP	<b>Hickory, NC 28602</b>	
TITLE	<b>"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"</b>	
STREET ADDRESS	<b>201 GOV. AVE. S.W. SUITE 208</b>	
CITY-ST-ZIP	<b>Hickory, NC 28602</b>	
TITLE	<b>"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"</b>	
STREET ADDRESS	<b>201 GOV. AVE. S.W. SUITE 208</b>	
CITY-ST-ZIP	<b>Hickory, NC 28602</b>	
TITLE	<b>"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"</b>	
STREET ADDRESS	<b>201 GOV. AVE. S.W. SUITE 208</b>	
CITY-ST-ZIP	<b>Hickory, NC 28602</b>	
TITLE	<b>"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>"</b>	
STREET ADDRESS	<b>201 GOV. AVE. S.W. SUITE 208</b>	
CITY-ST-ZIP	<b>Hickory, NC 28602</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*R. Keith Townsend*  
Date

*04/02/04 828-345-0131*  
Daytime Phone #