


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 028 ***158.75

DOCUMENT # P98000070817

1. Entity Name
MOHAMED & SONS, INC.



Principal Place of Business
**713 EAST MARKET STREET
 SMITHFIELD, NC 27577**

Mailing Address
**P.O. BOX 1263
 SMITHFIELD, NC 27577**

44046223



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05192004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
65-0861295

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, MIKE
 7345 SAND LAKE ROAD
 SUITE 412
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! - FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME	PD MOHAMED, WAIL <input type="checkbox"/> Delete
STREET ADDRESS	104 PARKWAY DRIVE
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE NAME	VPD MOHAMED, ALI <input type="checkbox"/> Delete
STREET ADDRESS	104 PARKWAY DRIVE
CITY-ST-ZIP	SMITHFIELD, NC 27577
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(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 of 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:  **Wail Mohamed** **05-31-04 (A19) 401-9993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
#44046223

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000070817
1. Entity Name
MOHAMED & SONS, INC.



Principal Place of Business
713 EAST MARKET STREET
SMITHFIELD, NC 27577

Mailing Address
P.O. BOX 1263
SMITHFIELD, NC 27577

DO NOT WRITE IN THIS SPACE

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0861295

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

6. Name and Address of Current Registered Agent
DIAZ, MIKE
7345 SAND LAKE ROAD
SUITE 412
ORLANDO, FL 32819

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing)

FILE NOW!!! FEE IS \$850.00 Due by September 8, 2004

9. Election Campaign Financing - Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO MOHAMED, WAJIL 104 PARKWAY DRIVE SMITHFIELD, NC 27577
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MOHAMED, ALI 104 PARKWAY DRIVE SMITHFIELD, NC 27577
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: _____
Date

TELEPHONE: _____
Daytime Phone #



Attachment

#44046223

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 20, 2004

MOHAMED & SONS, INC.
P.O. BOX 1263
SMITHFIELD, NC 27577

SUBJECT: MOHAMED & SONS, INC.
Ref. Number: P98000070817

We have received your check(s) totaling \$190.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 504A00035154