


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000012450
 1. Entity Name
 PARK PROMENADE, INC.



Principal Place of Business
 P.O. BOX 21768
 GREENSBORO, NC 27420

Mailing Address
 P.O. BOX 21768
 GREENSBORO, NC 27420

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3556975

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CASTELLI, WILLIAM
 4244 ST JOHNS AVENUE
 JACKSONVILLE, FL 32210-2132

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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
After May 1, 2004 Fee will be \$550.00

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

02272004
 04/12/04-2004-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHEN, LAWRENCE M 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD COHEN, JOHN K 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COHEN, RUSSELL L 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BECKER, RICHARD I 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD BERNSTEIN, MARTIN M 4615 DUNDAS DRIVE GREENSBORO, NC 27407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: John K Cohen JOHN K COHEN 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #