

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90334 001 ****15.00
04-30-2008 90334 002 ****143.75

66008864



04242008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0938812

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P	<input type="checkbox"/> Delete
NAME	SMITH, B. SCOTT	
STREET ADDRESS	5401 E. INDEPENDENCE BLVD	
CITY-ST-ZIP	CHARLOTTE, NC 28212	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RACHOR, JEFFREY C	
STREET ADDRESS	218 W. BROW RD	
CITY-ST-ZIP	LOOKOUT MOUNTAIN, TN 37350	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PLUMMER, DAVID	
STREET ADDRESS	5901 AVELON VALLEY, #938	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
TITLE	S	<input type="checkbox"/> Delete
NAME	COSS, STEPHEN K	
STREET ADDRESS	6415 IDLEWILD RD	
CITY-ST-ZIP	CHARLOTTE, NC 28212	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DOBLER, SCOTT	
STREET ADDRESS	2125 LARCHWOOD CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	IPPENLATZ, MARK J	
STREET ADDRESS	2911 HIGH RIDGE RD	
CITY-ST-ZIP	CHARLOTTE, NC 28270	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Russ	
STREET ADDRESS	19629 Schooner Rd	
CITY-ST-ZIP	Cornelius, N.C. 28031	
TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Cosper	
STREET ADDRESS	5014 Fairlawn Crescent	
CITY-ST-ZIP	Charlotte, N.C. 28226	
TITLE	AsstSec/Asst Tres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph O'Connor	
STREET ADDRESS	7200 Graybeard Ct	
CITY-ST-ZIP	Charlotte, N.C. 28226	
TITLE	Asst Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Mullins	
STREET ADDRESS	3905 West Vasconias Street	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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:

Scott Dobler Scott Dobler Asst Sec'y

4/29/08

727-647-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #