

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90231 018 \*\*\*150.00

**DOCUMENT # P99000109075**

1. Entity Name

SOI-19 OF FL, INC.



Principal Place of Business

5260 PARKWAY PLAZA BLVD  
SUITE 140  
CHARLOTTE NC 28217

Mailing Address

5260 PARKWAY PLAZA BLVD  
SUITE 140  
CHARLOTTE NC 28217

14021633



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 241448

City & State

Charlotte NC

4. FEI Number

58-2509006

Applied For

Not Applicable

Zip

Country

Zip

28224-1448

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CSD ☐ Delete  
NAME FOTSCH, ROBERT M  
STREET ADDRESS PO BOX 241448  
CITY-ST-ZIP CHARLOTTE NC 28224

TITLE PD ☒ Delete  
NAME BELL, DAVID G  
STREET ADDRESS PO BOX 241448  
CITY-ST-ZIP CHARLOTTE NC 28224

TITLE VP ☐ Delete  
NAME WILLSON, MICHAEL  
STREET ADDRESS PO BOX 241448  
CITY-ST-ZIP CHARLOTTE NC 28224

TITLE AS ☒ Delete  
NAME PATELUNAS, JOEPH R  
STREET ADDRESS PO BOX 241448  
CITY-ST-ZIP CHARLOTTE NC 28224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition  
NAME Gil E. Aleman  
STREET ADDRESS PO Box 241448  
CITY-ST-ZIP Charlotte NC 28224-1448

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Asst Sec ☐ Change ☒ Addition  
NAME WARD E. Harkness  
STREET ADDRESS PO Box 241448  
CITY-ST-ZIP Charlotte NC 28224-1448

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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(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: *Ward E. Harkness*

WARD E. HARKNESS

4/28/04

704-523-2191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #