## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#831341** 

Title:

Name:

Address:

City-St-Zip:

FILED Jan 20, 2005 Secretary of State

Entity Nam	ne: FARMINGT	ON, INCORPORATED				•	
Current Principal Place of Business:				New Principal Place of Business:			
	HOVIA CENTER FE,, NC 28288	₹					
Current Mailing Address:				New Mailing Address:			
ONE WACHOVIA CENTER NC0200, ATTN: JENNY FULWOOD CHARLOTTE, NC 282440200				C/O CSC 2711 CENTERVILLE RD. WILMINGTON, DE 19808			
FEI Number:	56-0896756	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Nam					ame and Address of New Registered Agent:		
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. TALLAHASSEE, FL 32301 US  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.							
SIGNATURE:							
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () Delete HENDERSON, REBECCA S 201 S COLLEGE ST CHARLOTTE, NC 282026000		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition			
Title: Name: Address: City-St-Zip:	VP () C WARE, HERBER 201 S COLLEGE CHARLOTTE, NC	ST		Title: Name: Address: City-St-Zip:	VP MULLIS, C/ 301 S COL CHARLOTT		
Title: Name: Address: City-St-Zip:	S () C WURTZ, THOMAS 301 S TRYON ST CHARLOTTE, NC			Title: Name: Address: City-St-Zip:	T WURTZ, TH 301 S TRYC		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CAROL R. MULLIS VP 01/20/2005

() Delete

WATKINS, MICHAEL A

ONE WACHOVIA CENTER

CHARLOTTE, NC 28288

(X) Change ( ) Addition

BRIGHTON, JOEL T

301 S. COLLEGE ST.

CHARLOTTE, NC 28288