

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 042 ***150.00

DOCUMENT # 857036

1. Entity Name

FAISON-JACKSONVILLE PROPERTIES, INC.



Principal Place of Business

**121 W TRADE
STE 2550**

CHARLOTTE, NC 28202 US

Mailing Address

**121 W TRADE
STE 2550**

CHARLOTTE, NC 28202 US

14004609



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1372001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

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**

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
**DC
FAISON, HENRY J
121 W TRADE STE 2550
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
NORWOOD, PHILIP W
121 W TRADE STE 2550
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
ALLEN S JACKSON JR
121 W TRADE STE 2550
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
WHITAKER, BILLIE R
121 W TRADE STE 2550
CHARLOTTE, NC 28202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
FARMER, NANCY L
121 W TRADE STE 2550
CHARLOTTE, NC 28202**

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)(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:

Nancy L. Farmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L. FARMER

4/5/2004
Date

704-972-2500
Daytime Phone #