


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P22788 1. Entity Name RALPH WHITEHEAD ASSOCIATES, INC.	
--	---

Principal Place of Business 4348 SOUTHPOINT BLVD STE 310 JACKSONVILLE, FL 32216	Mailing Address PO BOX 35624 CHARLOTTE, NC 28235-5624 US
--	--



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0730953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. 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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRIGGS, RONALD C 10800 MIDLOTHIAN TURNPIKE RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DEHLER, BRIAN D 1000 W. MOREHEAD, STE. 200 CHARLOTTE, NC 28208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SIGMON, GREGORY R 1000 W. MOREHEAD, STE. 200 CHARLOTTE, NC 28208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAGNE, JEFFEY L 1000 WEST MOREHEAD STREET CHARLOTTE, NC 28208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZIMMERMAN, GEORGE T 3505 KOGER BLVD DULUTH, GA 30096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, KENNETH T 4348 SOUTHPOINT BLVD JACKSONVILLE, FL 32216

1100000241383
 02/24/05-80041-008 150.00

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)(f), 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 807, 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: J. Edward Jenks J. Edward Jenks 1/29/05 704.572.1885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #