2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2004
Secretary of State

DOCUMENT# P99000061513

Entity Name: DURN GOOD, INC.

Current Principal Place of Business:

7915 HOGAN DRIVE
WAKE FOREST, NC 27587

New Principal Place of Business:

Current Mailing Address:

7915 HOGAN DRIVE
WAKE FOREST, NC 27587

New Mailing Address:

FEI Number: 65-0949253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAITIS, GEORGE R
915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: HOCHSTRASSER, DAVID J
Address: 513 DARTMOUTH
City-St-Zip: RALEIGH, NC 27609

Title: DPT ( ) Delete
Name: HOCHSTRASSER, ANN R
Address: 7915 HOGAN DRIVE
City-St-Zip: WAKE FOREST, NC 27587

Title: D ( ) Delete
Name: HOCHSTRASSER, MICHAEL A
Address: 508 MELBOURNE COURT
City-St-Zip: CHARLOTTE, NC 28209

Title: DVPS ( ) Delete
Name: HOCHSTRASSER, DAVID J SR
Address: 7915 HOGAN DRIVE
City-St-Zip: WAKE FOREST, NC 27587

Title: D ( ) Delete
Name: BUTLER, JOHN
Address: 4505 FALLS OF NEWS ROAD
City-St-Zip: RALEIGH, NC 27609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HOCHSTRASSER, MICHAEL A
Address: 1919 WANDERING WAY
City-St-Zip: CHARLOTTE, NC 28226

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANN R HOCHSTRASSER DPT 04/25/2004
Electronic Signature of Signing Officer or Director — Date