

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)


FILED

04 JAN -6 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900026218049
01/06/04--01082--018 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 934025	
1. Entity Name EL DE CO., INC. OF SOUTH CAROLINA	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5751 AUGUSTA ROAD		3. Mailing Address 5751 AUGUSTA ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GREENVILLE, SC		City & State GREENVILLE, SC	
Zip 29605	Country USA	Zip 29605	Country USA

4. FEI Number 57-0547558	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name CT CORPORATION		
	Street Address (P.O. Box Number is Not Acceptable)		
	1200 S. PINE ISLAND ROAD		
	City PLANTATION	FL	Zip Code 33324

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CEO MCKINNEY, ALLEN 114 FARM TERRACE CRT. EASLEY, SC 29642	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/TREASURER MCKINNEY, LARRY A. 5751 AUGUSTA ROAD GREENVILLE, SC 29605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/SECRETARY MCKINNEY, ROBERT D. 457 EDINBURG LANE EASLEY, SC 29640	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Allen McKinney, President** **December 30, 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
(864) 277-9088

CR2E034B (12/02)