

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90126 048 \*\*\*150.00

**DOCUMENT # 828332**

1. Entity Name  
WALKER & WHITESIDE, INC.



Principal Place of Business  
10 RAMSEUR CT.  
GREENVILLE, SC 29607

Mailing Address  
P.O. BOX 5777  
GREENVILLE, SC 29606

**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
57-0298641

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2006 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  
C  
COX, JIMMY E.  
640 MEECE BRIDGE RD.  
TAYLOR, SC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COX, JIM FRANK  
634 MEECE BRIDGE RD.  
TAYLORS, SC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
ROGERS, TERRY L.  
101 EDGEWOOD AVE.  
BELTON, SC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BETSILL, BENJAMIN  
430 S BUCKHAM RD  
GREENVILLE, SC 29609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/10/06 844242-4820

Date

Daytime Phone #