

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002429

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: SUTTON-KENNERLY & ASSOCIATES, INC.

## Current Principal Place of Business:

300 POMONA DRIVE  
GREENSBORO, NC 274071604

## New Principal Place of Business:

300 POMONA DRIVE  
GREENSBORO, NC 274071604 US

## Current Mailing Address:

300 POMONA DRIVE  
GREENSBORO, NC 274071604

## New Mailing Address:

300 POMONA DRIVE  
GREENSBORO, NC 274071604 US

FEI Number: 56-0898930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CD ( ) Delete  
Name: KENNERLY, ROBERT G SR  
Address: 300 POMONA DRIVE  
City-St-Zip: GREENSBORO, NC 274071604

Title: P ( ) Delete  
Name: EHRHARDT, CONRAD B  
Address: 300 POMONA DRIVE  
City-St-Zip: GREENSBORO, NC 274071604

Title: V ( ) Delete  
Name: FEINBERG, BERNARD M  
Address: 530 HENDERSONVILLE ROAD  
City-St-Zip: ASHEVILLE, NC 288032826

Title: V ( ) Delete  
Name: ERNEST, CHARLES L JR.  
Address: 300 POMONA DRIVE  
City-St-Zip: GREENSBORO, NC 274071604

Title: V ( ) Delete  
Name: KANIPE, ROBIN L  
Address: 530 HENDERSONVILLE ROAD  
City-St-Zip: ASHEVILLE, NC 288032826

Title: V ( ) Delete  
Name: CARDWELL, CHARLES E  
Address: 1221 WOOD RIDGE CENTER DRIVE, SUITE 270  
City-St-Zip: CHARLOTTE, NC 282171932

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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: CAROLE L. VAUGHAN

C

01/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date