

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # F03000005051 1. Entity Name HICKORY SPRINGS MANUFACTURING COMPANY	
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Principal Place of Business 235 2ND AVENUE NW HICKORY, NC 28601	Mailing Address 235 2ND AVENUE NW HICKORY, NC 28601
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2ED34 (11/05)

4. FEI Number 56-0494395	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 reappointing) _____ 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

000000558019
05/17/06-80079-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB UNDERDOWN, P.C. JR 235 2ND AVENUE NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERDOWN, P.C. III 235 2ND AVENUE NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS UNDERDOWN, DAVID 235 2ND AVENUE NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, B.W. 235 2ND AVENUE NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUSH, JAMES F 235 2ND AVENUE NW HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, J DONALD 235 2ND AVENUE NW HICKORY, NC 28601

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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: C. Hampton Queen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 828-328-2201
Date Daytime Phone #