

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000691

1. Entity Name
WRIGHT PADGETT CHRISTOPHER INC.



Principal Place of Business
1017 CHUCK DAWLEY BLVD.
MT. PLEASANT, SC 29464

Mailing Address
1017 CHUCK DAWLEY BLVD.
MT. PLEASANT, SC 29464



07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0972424

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDFOORD, DONOVAN
13743 HEATHFORD DRIVE
JACKSONVILLE, FL 32224

**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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, WILLIAM S III
STREET ADDRESS	2201 ROWLAND AVENUE
CITY-ST-ZIP	SAVANNAH, GA 31404
TITLE	CFO
NAME	JOHNSON III, JAMES H
STREET ADDRESS	1017 CHUCK DAWLEY BLVD
CITY-ST-ZIP	MOUNT PLEASANT, SC 29464
TITLE	D
NAME	LIN, GUOMING
STREET ADDRESS	2201 ROWLAND AVENUE
CITY-ST-ZIP	SAVANNAH, GA 31404
TITLE	D
NAME	LIPKA, DAVID S
STREET ADDRESS	10907 DOWNS ROAD
CITY-ST-ZIP	PINEVILLE, NC 28134
TITLE	CEO
NAME	WRIGHT, WILLIAM B
STREET ADDRESS	1017 CHUCK DAWLEY BLVD.
CITY-ST-ZIP	MT. PLEASANT, SC 29464
TITLE	P
NAME	CHRISTOPHER, WILLIAM R
STREET ADDRESS	1017 CHUCK DAWLEY BLVD.
CITY-ST-ZIP	MT. PLEASANT, SC 29464

U00000571742
07/21/06-80011-003 550.00

**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

JAMES H. JOHNSON III

7/19/06

843 884 1234

Date

Daytime Phone #