


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90001 004 \*\*\*150.00

<b>DOCUMENT # F07000001450</b>	
1. Entity Name <b>ENWRIGHT ASSOCIATES, INC.</b>	

Principal Place of Business <b>101 W BROAD STREET SUITE 200 GREENVILLE, SC 29606</b>	Mailing Address <b>101 W BROAD STREET SUITE 200 GREENVILLE, SC 29606</b>
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**40114597**



2. Principal Place of Business - No P.O. Box # <b>101 W BROAD STREET</b>	3. Mailing Address <b>101 W BROAD STREET</b>
Suite, Apt. #, etc. <b>SUITE 200</b>	Suite, Apt. #, etc. <b>SUITE 200</b>
City & State <b>GREENVILLE, SC</b>	City & State <b>GREENVILLE, SC</b>
Zip <b>29601</b>	Zip <b>29601</b>
Country <b>USA</b>	Country <b>USA</b>

02132008 Chg-P CR2E034 (12/06)

4. FEI Number <b>57-0519666</b>	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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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COLEMAN, ROBERT A 101 W BROAD STREET SUITE 200 GREENVILLE, SC 29606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COLEMAN, ROBERT A 101 W BROAD STREET SUITE 200 GREENVILLE, SC 29601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BINGER, JAMES A 101 W BROAD STREET SUITE 200 GREENVILLE, SC 29606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BINGER, JAMES A 101 W BROAD STREET SUITE 200 GREENVILLE, SC 29601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PACE, RICHARD M 101 W BROAD STREET SUITE 200 GREENVILLE, SC 29606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PACE, RICHARD M 101 W BROAD STREET SUITE 200 GREENVILLE, SC 29601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Coleman* 8/26/08 864/250-2150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40114597



#F07000001450

**ENWRIGHT**  
ASSOCIATES INC  
[www.enwright.com](http://www.enwright.com)

August 26, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Waiver of \$400 Late Fee for Annual Report Filing

To Whom It May Concern:

I would like to request that the \$400 late fee for filing our 2008 For Profit Corporation Annual Report be waived due to the fact that we did not receive the original notification for renewal. The only notice we received was a 60 day notice informing us that a reinstatement fee would be required if payment was not received by September 3, 2008.

We are late in paying our annual renewal due to cash flow issues. Some of our larger projects have been delayed causing our work load and cash flow to be less than expected. We want to make sure that we maintain our license in Florida and would greatly appreciate the waiver of this late fee. Thank you for your consideration in this matter.

Sincerely,

Michalena M. Ensor  
Business Manager