

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90106 008 ***150.00

DOCUMENT # F94000004618

1. Entity Name
HENDRIX LEBLANC LEWIS, INC.



Principal Place of Business
**122 EDGEWORTH ST.
GREENVILLE, SC 29607**

Mailing Address
**122 EDGEWORTH ST.
GREENVILLE, SC 29607**

50025843



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **57-0882693** 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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | VD |
| NAME | CARTER, ROBERT L |
| STREET ADDRESS | 122 EDGEWORTH STREET |
| CITY- ST- ZIP | GREENVILLE, SC |
| TITLE | STD |
| NAME | LEWIS JR, L G |
| STREET ADDRESS | 122 EDGEWORTH STREET |
| CITY- ST- ZIP | GREENVILLE, SC |
| TITLE | VD |
| NAME | MCCARTER, JAMES T |
| STREET ADDRESS | 122 EDGEWORTH STREET |
| CITY- ST- ZIP | GREENVILLE, SC |
| 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 exemption stated in Section 119.07(3)(i), 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

10/Jan/05
Date

864-233-8844
Daytime Phone #