2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000004618

1. Entity Name

HENDRIX LEBLANC LEWIS, INC.



Mailing Address

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

122 EDGEWORTH ST. GREENVILLE, SC 29607

FILED Jan 12, 2006 8:00 am Secretary of State

01-12-2006 90171 006 ***150.00



01062006

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

FLANTATION, FE 33324			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered A	gent signatur	re required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIRECT VD CARTER, ROBERT L 122 EDGEWORTH STREET GREENVILLE, SC STD LEWIS JR, L G 122 EDGEWORTH STREET GREENVILLE, SC VD MCCARTER, JAMES T 122 EDGEWORTH STREET	TORS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREENVILLE, SC			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9.06

864-233-8844