

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F94000005643

1. Entity Name
LEBLANC-WELCH, INC. "CONSULTING ENGINEERS"



FILED
Feb 03, 2006 08:00 AM
JAN 3 2006
Secretary of State

Principal Place of Business
25 WOODS LAKE ROAD, SUITE 405
GREENVILLE, SC 29607

Mailing Address
25 WOODS LAKE ROAD, SUITE 405
GREENVILLE, SC 29607



D1242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0986719 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32303

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LEBLANC, LOUIS C P.E. 30 DAMERON AVENUE GREENVILLE, SC 29607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELCH, G. T P.E. 6 FORESTWOOD DRIVE TAYLORS, SC 29687
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02/13/06-80083-021 150.00

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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: Louis C LeBlanc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06 864-271-6535
Date Daytime Phone #