2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F94000005643

1. Entity Name

LEBLANC-WELCH, INC. "CONSULTING ENGINEERS"



Principal Place of Business

25 WOODS LAKE ROAD, SUITE 405 GREENVILLE, SC 29607

Mailing Address

25 WOODS LAKE ROAD, SUITE 405 GREENVILLE, SC 29607

FILED Mar 06, 2008 8:00 am Secretary of State

03-06-2008 90040 007 ***150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 57-0986719

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITEINS EISESPACE

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

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	i office or registered	agent, or both, in the State of	Florida. I am familiar	with, and accept
SIGNATURE_	Signature, lyped or printed name of registered agent and title	if applicable. (NOTE: Registered.	Agent signature required who	en reinstating)	DATE	·
FILE NOW!!! FEE 13 \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing \$5.00 May Be Trust Fund Contribution.) May Be to Fees		
10.	OFFICERS AND DIREC					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	JPAGE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS			74 - X55 - 172 - 174 - 1			

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP