

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006029

Entity Name: DILLARD-LEWIS, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

4209 WILLOW OAK RD  
RALEIGH, NC 27604

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 40686  
RALEIGH, NC 27629

## New Mailing Address:

FEI Number: 56-1411884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLIER, HOLLY  
286 LANCASTER AVE.  
ORANGE CITY, FL 32763 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHELTON, STEVEN  
Address: 4216 PIN OAK ROAD  
City-St-Zip: RALEIGH, NC 27604

Title: D ( ) Delete  
Name: DILLARD, JUDY H  
Address: 7837 STONY HILL ROAD  
City-St-Zip: WAKE FOREST, NC 27587

Title: VP ( ) Delete  
Name: CLUFF, KATHRYN A  
Address: 220 WILSON JONES ROAD  
City-St-Zip: CLAYTON, NC 27520

Title: S ( ) Delete  
Name: JACKSON, WILBERT JR  
Address: 3925 LIVE OAK RD  
City-St-Zip: RALEIGH, NC 27604

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASST ( ) Change (X) Addition  
Name: KATHY, GODWIN  
Address: 202 NORTH WAYNE AVENUE  
City-St-Zip: DUNN, NC 28334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY DILLARD

D

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date