

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90226 006 ***150.00

60033571



01122006 Chg-P CR2E034 (11/05)

4. FEI Number
58-2333774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, WILLIAM M IV	
STREET ADDRESS	135 NORTH CHURCH STREET	
CITY-ST-ZIP	SPARTANBURG, SC 29306	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	GALLEN, DAVID W	
STREET ADDRESS	135 NORTH CHURCH STREET	
CITY-ST-ZIP	SPARTANBURG, SC 29306	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GEORGE D JR	
STREET ADDRESS	961 EAST MAIN STREET	
CITY-ST-ZIP	SPARTANBURG, SC 29302	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHAW, ROBERT W	
STREET ADDRESS	135 NORTH CHURCH STREET	
CITY-ST-ZIP	SPARTANBURG, SC 29306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	KEN E. Compton	
STREET ADDRESS	135 North Church St	
CITY-ST-ZIP	Spartanburg, SC 29306	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert W. Shaw	
STREET ADDRESS	135 North Church St	
CITY-ST-ZIP	Spartanburg, SC 29306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ROBERT W SHAW 4-26-06 (888)316 4238 x3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #