

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # H81854

1. Entity Name
CAROLINA LUBES, INC.



Principal Place of Business
**790 PERSHING RD
RALEIGH, NC 27608-712 US**

Mailing Address
**790 PERSHING RD
RALEIGH, NC 27608-712 US**



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2596369

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000918009
05/13/08-80065-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	CONWAY, STEPHEN P
STREET ADDRESS	790 PERSHING RD
CITY-ST-ZIP	RALEIGH, NC 27608
TITLE	DVT
NAME	CONWAY, JERRY
STREET ADDRESS	790 PERSHING RD
CITY-ST-ZIP	RALEIGH, NC 27608
TITLE	VAS
NAME	CARR, KENDALL A
STREET ADDRESS	790 PERSHING RD
CITY-ST-ZIP	RALEIGH, NC 27608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Kendall A. Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENDALL A. CARR 4/16/08 (919) 828-9511
Date Daytime Phone #