

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90303 041 ***150.00

DOCUMENT # P13776

1. Entity Name
**CARLISLE ASSOCIATES ARCHITECTS AND ENGINEERS
INCORPORATED**



Principal Place of Business
**1015 GERVAIS STREET
COLUMBIA, SC 29201**

Mailing Address
**PO BOX 11528
COLUMBIA, SC 29211**

DO NOT WRITE IN THIS SPACE



02022008 No Chg-P CR2E034 (11/05)

4. FEI Number **57-0645298** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 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	PST FRIEDNER, JERRY F. PO BOX 11528/NA COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS CARSON, THOMAS C. PO BOX 11528/NA COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D/O CARSON, THOMAS C., JR PO BOX 11528/NA COLUMBIA, SC 29211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS BRYANT, GEORGE L. PO BOX 11528/NA COLUMBIA, SC 29211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDI RESCH, EUGENE R. PO BOX 11528/NA COLUMBIA, SC 29211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZANDERS, THEODORE R., JR PO BOX 11528/NA COLUMBIA, SC 29211

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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: Thomas C. Carson, Jr., President 4/19/06 803-252-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #