


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P27897		
1. Entity Name HENDRIX AND DAIL, INC.		

Principal Place of Business 1101 INDUSTRIAL BLVD. GREENVILLE, NC 27834 US	Mailing Address P.O. BOX 648 GREENVILLE, NC 27835-0648 US
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DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0809154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HRUBY, ROGER 7610 US HIGHWAY 41N PALMETTO, FL 34221	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D STORKAN, DEAN C P.O. BOX 1327 8770 HWY. 25 HOLLISTER, CA 95024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD MCLAWHORN, W. CARROLL 3300 WALDEN DR. GREENVILLE, NC 27834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HRUBY, ROGER 9614 BRADEN RUN RD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMONS, CLARENCE P.O. BOX 589 2564 BODIE CURRIN ROAD OXFORD, NC 27565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRIX, JAMES W 1144 WHITE OAK PIKE STAMPING GROUND, KY 40379
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BYRD, HAROLD 144 RIVER ACRES E WASHINGTON, NC 27889

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01/07/05-80021-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Harold S. Byrd CFO** **1/07/05** **(252) 758-4263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #