


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90037 008 ***150.00

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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40067419



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082008 Chg-P CR2E034 (12/06)

4. FEI Number 56-0809154	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HRUBY, ROGER 7610 US HIGHWAY 41N PALMETTO, FL 34221		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 renewing)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORKAN, DEAN C	NAME	
STREET ADDRESS	P.O. BOX 1327 8770 HWY. 25	STREET ADDRESS	
CITY-ST-ZIP	HOLLISTER, CA 95024	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAWHORN, W. CARROLL	NAME	
STREET ADDRESS	3300 WALDEN DR.	STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE, NC 27834	CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRUBY, ROGER	NAME	
STREET ADDRESS	9614 BRADEN RUN RD	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYERLY, J STEPHEN	NAME	
STREET ADDRESS	4571 RIVERVIEW BLVD	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, JAMES W	NAME	
STREET ADDRESS	1144 WHITE OAK PIKE	STREET ADDRESS	
CITY-ST-ZIP	STAMPING GROUND, KY 40379	CITY-ST-ZIP	
TITLE	CFO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, HAROLD	NAME	
STREET ADDRESS	144 RIVER ACRES E	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, NC 27889	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: 	3/3/08	(252) 758-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #