


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P33274	
1. Entry Name MORGAN CORP. OF S.C.	

Principal Place of Business 1800 E MAIN STR DUNCAN, SC 29334 US	Mailing Address PO BOX 3555 SPARTANBURG, SC 29304
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01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0523479	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 renoting) 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	CEOD JOHNSON, STEWART H. 1008 GLENDALYN CIRCLE SPARTANBURG, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALLIGAN, TIM 2 CATESWOOD DR. SPARTANBURG, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BROWN, RITA D. 121 MARSHALL TUCKER RD PAULINE, SC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LYNCH, JAMES D 8611 DUCKSBILL DR. CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MINA, ROBERT P 7 WILTSHIRE CRT. TAYLORS, SC 29687
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/24/06-80096-007 150.00

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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: Timothy C. Halligan **1/16/06** **864-433-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #