

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001307

**Entity Name:** DAVID E. LOOPER & COMPANY, INC.

**Current Principal Place of Business:**

320 15TH STREET SE  
HICKORY, NC 28602

**Current Mailing Address:**

PO BOX 3224  
HICKORY, NC 28603

**FEI Number: 56-1822600**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, TREASURER  
Name LOOPER, DAVID E  
Address 3160 LAUREL RIDGE ROAD  
City-State-Zip: HICKORY NC 28601

Title VP  
Name ROWE, JIMMY  
Address 5 ROYAL VISTA WAY  
City-State-Zip: GRANITE FALLS NC 28630

Title S  
Name LINGLE, LISA  
Address 9403 WESTRIDGE DRIVE  
City-State-Zip: HICKORY NC 28601

Title PRESIDENT  
Name YOUNG, CHARLES R JR.  
Address 825 2ND STREET NW  
City-State-Zip: HICKORY NC 28601

Title VICE PRESIDENT OF CONSTRUCTION  
Name WALKER, BRIAN E MR  
Address 1140 GABLE ROAD  
City-State-Zip: HIDDENITE NC 28636

Title VICE PRESIDENT OF CONSTRUCTION  
Name ROWE, DEVIN C MR  
Address 5010 FOREST RIDGE  
City-State-Zip: HICKORY NC 28602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LISA LINGLE**

**CORPORATE  
SECRETARY**

**04/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date