2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90103 049 ***150.00

DOCUMENT # 597036

1. Entity Name

ABC CUTTING CONTRACTORS OF ATLANTA, INC.

Principal Place of Business	Mailing Address
2001 ANDREWS AVENUE POMPANO BEACH FL 33069	2001 ANDREWS AVENUE POMPANO BEACH FL 33069

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
4864 Clark Howell Hwy	4864 Clark Howell Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: College Park GA	City & State: College Park GA
Zip: 30349 Country: USA	Zip: 30349 Country: USA

4. FEI Number 59-1732467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAVIN, ANDY 2699 STIRLING RD SUITE 100 FORT LAUDERDALE FL 33312	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCOY, LARRY W. 2001 ANDREWS AVENUE POMPANO BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCCOY, FAITH 2001 ANDREWS AVENUE POMPANO BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCOY, TERRY 2001 ANDREWS AVENUE POMPANO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD McCoy, Terry 4864 CLARK HOWELL Hwy COLLEGE, Park, GA 30349 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ V STORM, DENNIS 4864 Clark Howell Hwy College Park, GA 30349 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FULLER, SANDRA 4864 Clark Howell Hwy College Park, GA 30349 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Chauncey-Lance, Kellie 4864 Clark Howell Hwy College Park GA 30349 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ V.P. 2/8/05 404-768-0965 EXT 102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone