


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 597036**  
 1. Entity Name  
**ABC CUTTING CONTRACTORS OF ATLANTA, INC.**



Principal Place of Business 4864 CLARK HOWELL HWY ATLANTA, GA 30349	Mailing Address 4864 CLARK HOWELL HWY ATLANTA, GA 30349
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1732467</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAVIN, ANDY  
 2699 STIRLING RD  
 SUITE 100  
 FORT LAUDERDALE, FL 33312

**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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

UD00000591600  
 01/19/07-80028-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STORM, DENNIS 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, SANDRA 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOY, TERRY 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAUNEY-LANCE, KELLIE 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **V. Pres.** 1/15/07 404-768-0965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #