

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90141 024 ***150.00

DOCUMENT # 856051

1. Entity Name
CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.



Principal Place of Business
**3833 PEACHTREE RD., N.E.
 SUITE 1700
 ATLANTA, GA 30319-3372**

Mailing Address
**3833 PEACHTREE RD., N.E.
 SUITE 1700
 ATLANTA, GA 30319-3372**

50046977



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

04-2626467

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 FORT LAUDERDALE, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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 PD Delete
 NAME SCHUSTER, GERALD
 STREET ADDRESS 132 YARMOUTH ROAD
 CITY-ST-ZIP BROOKLINE, MA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME NAJARIAN, ROBERT J
 STREET ADDRESS 286 MAYFLOWER CIRCLE
 CITY-ST-ZIP HANOVER, MA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME CALLAHAN, BRIAN E.
 STREET ADDRESS 15 HICKORY DRIVE
 CITY-ST-ZIP MEDFIELD, MA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME BANJAMIN, MICHAEL
 STREET ADDRESS 63 KENDRICK STREET
 CITY-ST-ZIP BEEDHAM, MA 02494

TITLE Change Addition
 NAME *COO Scott Schuster*
 STREET ADDRESS *63 Kendrick St*
 CITY-ST-ZIP *Needham, MA 02494*

TITLE V Delete
 NAME SCHUSTER, MARK
 STREET ADDRESS 63 KENDRICK ST
 CITY-ST-ZIP NEEDHAM, MA 02494

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #