

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005336

FILED
Mar 27, 2008
Secretary of State

Entity Name: GWINNETT INDUSTRIES, INC.

Current Principal Place of Business:

5830 EAST PONCE DE LEON AVENUE
STONE MOUNTAIN, GA 30083

New Principal Place of Business:

Current Mailing Address:

5830 EAST PONCE DE LEON AVENUE
STONE MOUNTAIN, GA 30083

New Mailing Address:

FEI Number: 58-6018112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: PARKER, BETH P
Address: 5830 EAST PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: D () Delete
Name: HARDIN, P. RUSSELL
Address: 50 HURT PLAZA STE. 120
City-St-Zip: ATLANTA, GA 30303

Title: V () Delete
Name: CALLAHAN, LAWRENCE P
Address: 5830 EAST PONCE DE LEON AVENUE
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: S () Delete
Name: KERMAN, MICHAEL G
Address: 999 PEACHTREE STREET NE
City-St-Zip: ATLANTA, GA 30309

Title: D () Delete
Name: ROGERS, EARL
Address: 1728 MONTREAL CIRCLE
City-St-Zip: TUCKER, GA 30084 68

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SARA LARKINS-MASSIAH

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03/27/2008

Electronic Signature of Signing Officer or Director

_____ Date