

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005336

FILED  
Apr 26, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: LAWRENCE CALLAHAN

CEO

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date