

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001876

FILED
Mar 19, 2009
Secretary of State

Entity Name: FLY & FORM, INC.

Current Principal Place of Business:

1817 WESTGATE PKWY
ATLANTA, GA 30336

New Principal Place of Business:

Current Mailing Address:

1817 WESTGATE PKWY
ATLANTA, GA 30336

New Mailing Address:

FEI Number: 03-0400985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 WEST BOY SCOUT BOULEVARD
SUITE 1000
TAMPA, FL 33607 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: V () Delete
Name: MCEACHIN, DONALD F
Address: 1053 REGENCY PK DR
City-St-Zip: BRASELTON, GA 30517

Title: P () Delete
Name: STEVENS, KENNETH D
Address: 308 TUCK LANE
City-St-Zip: LOGANVILLE, GA 30052

Title: V () Delete
Name: BROWN, CLIFFORD
Address: 186 MT. ZION E. CHURCH RD.
City-St-Zip: BUCHANAN, GA 30113

Title: ST (X) Delete
Name: WILSON, WAYNE
Address: 1404 BRIDEMILL AVE.
City-St-Zip: CANTON, GA 30114

Title: V () Delete
Name: ORTON, STEPHEN
Address: 359 NW 108TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MCEACHIN, DONALD F
Address: 1053 REGENCY PK DR
City-St-Zip: BRASELTON, GA 30517

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: KENNETH D. STEVENS

P

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date