


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90041 049 ***150.00

DOCUMENT # F04000006785
 1. Entity Name
TOMMY BAHAMA R&R HOLDINGS, INC.



Principal Place of Business
**222 PIEDMONT AVENUE, N.E.
 ATLANTA, GA 30308**

Mailing Address
**222 PIEDMONT AVENUE, N.E.
 ATLANTA, GA 30308**

40012802



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
13-3923200

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARGOLIS, S. ANTHONY 1071 AVENUE OF THE AMERICAS NEW YORK, NY 10018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCOO WOOD, DOUGLAS 1071 AVENUE OF THE AMERICAS NEW YORK, NY 10018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GASPERINA, LUCIO D 1071 AVENUE OF THE AMERICAS NEW YORK, NY 10018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHUBB, THOMAS C III 222 PIEDMONT AVENUE, N.E. ATLANTA, GA 30308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRASSMYER, SCOTT 222 PIEDMONT AVENUE, N.E. ATLANTA, GA 30308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT LANIER, J. REESE JR. 222 PIEDMONT AVENUE, N.E. ATLANTA, GA 30308 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President J. Hicks Lanier 222 Piedmont Avenue, NE Atlanta, GA 30308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President & Secretary Dominic C. Mazzone 222 Piedmont Avenue, NE Atlanta, GA 30308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Treasurer Marianna Carden 222 Piedmont Avenue, NE Atlanta, GA 30308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Treasurer Barbara Leach 222 Piedmont Avenue, NE Atlanta, GA 30308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Secretary Tiffany Easton 222 Piedmont Avenue, NE Atlanta, GA 30308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Secretary Mary Margaret Heaton 222 Piedmont Avenue, NE Atlanta, GA 30308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **Dominic C. Mazzone** **02-02-05 404-659-2424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #