

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001615

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: DEKALB APARTMENTS, INC.

**Current Principal Place of Business:**

5830 E PONCE DE LEON AVE  
STONE MOUNTAIN, GA 30083

**New Principal Place of Business:**

**Current Mailing Address:**

5830 E PONCE DE LEON AVE  
STONE MOUNTAIN, GA 30083

**New Mailing Address:**

FEI Number: 58-6017294      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: DP ( ) Delete  
Name: PARKER, BETH P  
Address: 5830 E PONCE DE LEON AVE  
City-St-Zip: STONE MOUNTAIN, GA 30083

Title: D ( ) Delete  
Name: PATTILLO, LYNN L  
Address: 5830 E PONCE DE LEON AVE  
City-St-Zip: STONE MOUNTAIN, GA 30083

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

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

Title: T ( ) Delete  
Name: HARRISON, JOSHUA W  
Address: 5830 E PONCE DE LEON AVE  
City-St-Zip: STONE MOUNTAIN, GA 30083

**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