

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 8:00 am**  
**Secretary of State**

07-18-2007 90047 016 \*\*\*550.00

DOCUMENT # F94000003519  
 1. Entity Name  
 REECE, HOOPES & FINCHER, INCORPORATED



**New address**

Principal Place of Business Mailing Address  
~~1234 AIRPORT ROAD~~ **4100 Legendary Dr.** 400 PERIMETER CENTER TERRACE  
 SUITE 116 SUITE 85  
~~DESTIN, FL 32541 US.~~ ATLANTA, GA 30346 US  
**Suite 240 Destin FL 32541**



07112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1764766</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LANDRY, TROY M  
~~1234 AIRPORT ROAD~~ **4100 Legendary Dr.**  
~~SUITE 116~~ **Suite 240**  
~~DESTIN, FL 32541~~ **Destin, FL 32541**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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 HOOPES, GARY A 6815 HUNTERS TRACE CIRCLE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINCHER, HOYT T III 1419 LAFAYETTE LANE MARIETTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARCLIFT, DAVID W 3524 SUNDERLAND WAY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRY, TROY M 110 FAREWELL LANE ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Hoyt F. Fincher III*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2007 170 -  
 394-8313  
 Date Daytime Phone #

**HOYT F. FINCHER III**