

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003519

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: REECE, HOOPES & FINCHER, INCORPORATED

## Current Principal Place of Business:

4100 LEGENDARY DR  
SUITE 240  
DESTIN, FL 32541 US

## New Principal Place of Business:

400 PERIMETER CENTER TERRACE  
SUITE 85  
ATLANTA, GA 30346 US

## Current Mailing Address:

400 PERIMETER CENTER TERRACE  
SUITE 85  
ATLANTA, GA 30346 US

## New Mailing Address:

FEI Number: 58-1764766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAUDRY, TROY M  
4100 LEGENDARY DR  
SUITE 240  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: DALE MORRIS

02/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOOPES, GARY A  
Address: 6815 HUNTERS TRACE CIRCLE  
City-St-Zip: ATLANTA, GA 30328

Title: T ( ) Delete  
Name: FINCHER, HOYT T III  
Address: 1419 LAFAYETTE LANE  
City-St-Zip: MARIETTA, GA

Title: S ( ) Delete  
Name: BARCLIFT, DAVID W  
Address: 3524 SUNDERLAND WAY  
City-St-Zip: ATLANTA, GA

Title: D ( ) Delete  
Name: LANDRY, TROY M  
Address: 110 FAREWELL LANE  
City-St-Zip: ALPHARETTA, GA 30022

## 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:

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: TROY M. LANDRY

D

02/21/2008

Electronic Signature of Signing Officer or Director

Date