

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05071

**FILED**  
**Feb 03, 2004**  
**Secretary of State**

**Entity Name:** COVERDELL & COMPANY, INC.

**Current Principal Place of Business:**

1718 PEACHTREE STREET NW  
SUITE 276  
ATLANTA, GA 303092409

**New Principal Place of Business:**

**Current Mailing Address:**

1718 PEACHTREE STREET NW  
SUITE 276  
ATLANTA, GA 303092409

**New Mailing Address:**

**FEI Number:** 58-1604660      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CSC CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: OWENS, MIKE  
Address: 1 MABEL STREET  
City-St-Zip: CHATTANOOGA, TN 37403

Title: VP (X) Delete  
Name: BEARD, BERRY  
Address: 2505 LYNSHIRE LN  
City-St-Zip: SNELLVILLE, GA 30078

Title: S ( ) Delete  
Name: SHAHANGIAN, DEBRA  
Address: 950 TRAYMORE DR  
City-St-Zip: NORCROSS, GA 30093

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL L. OWENS

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02/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date