


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000093014

1. Entity Name
 EAST CAMELBACK ROAD, INC.



Principal Place of Business Mailing Address

1801 HERMITAGE BLVD 1801 HERMITAGE BLVD
 SUITE 600 SUITE 600
 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

TODD, DAVID E
 1801 HERMITAGE BLVD, SUITE 600
 TALLAHASSEE, FL 32308



03072005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

52-2065342 Not Applicable

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

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	WARRIOR, DEXTER B	
STREET ADDRESS	3424 PEACHTREE ROAD, N.E. #800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LATHEN, LORI Q	
STREET ADDRESS	3424 PEACHTREE RD., NE #800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWMARK, DEBBIE J	
STREET ADDRESS	3424 PEACHTREE RD NE #800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD #600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000296834
CITY-ST-ZIP	04/04/05-80044-009 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Debbie J. Newmark Date: 3/8/05 Daytime Phone #: 404-846-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #