# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2009**
**Secretary of State**

DOCUMENT# P36781

**Entity Name:** PHARR ENGINEERING, INC.

**Current Principal Place of Business:**

5950 LIVE OAK PARKWAY
SUITE 220
NORCROSS, GA 300931743 US

**New Principal Place of Business:**

**Current Mailing Address:**

5950 LIVE OAK PARKWAY
SUITE 220
NORCROSS, GA 300931743 US

**New Mailing Address:**

**FEI Number: 58-1147430** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
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: S ( ) Delete
Name: QUILLIAN, ANNE A.
Address: 2030 DEFOOR AVENUE, NW, #C2
City-St-Zip: ATLANTA, GA 30318 US

Title: DP ( ) Delete
Name: WILLIAMSON, MICHAEL F.
Address: 2993 MOORE AVENUE
City-St-Zip: LAWRENCEVILLE, GA 30044 US

Title: DT ( ) Delete
Name: HUNNICUTT, M. WADE
Address: 2132 MEADOWCLIFF DRIVE
City-St-Zip: ATLANTA, GA 30345 US

Title: D ( ) Delete
Name: WHITE, LESLIE H.
Address: 20 AMANDA ACRES PLACE
City-St-Zip: STOCKBRIDGE, GA 30281 US

Title: D ( ) Delete
Name: BACON, DAVID P.
Address: 4884 HIGHWAY 197
City-St-Zip: CLARKESVILLE, GA 30523 US

**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: ANNE A. QUILLIAN S 03/27/2009

Electronic Signature of Signing Officer or Director — Date