

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002325

**FILED**  
**Feb 21, 2014**  
**Secretary of State**  
**CC2509632563**

**Entity Name:** BOLDEN-WILLIAMS & ASSOCIATES, INC.

**Current Principal Place of Business:**

3066 HWY 29 S.  
LAWRENCEVILLE, GA 30044

**Current Mailing Address:**

3066 HWY 29 S.  
LAWRENCEVILLE, GA 30044

**FEI Number:** 20-0538011

**Certificate of Status Desired:** No

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

C T 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BOLDEN, RONALD L  
Address 3066 HWY 29 S.  
City-State-Zip: LAWRENCEVILLE GA 30044

Title V  
Name WILLIAMS, JEFF  
Address 3066 HWY 29 S.  
City-State-Zip: LAWRENCEVILLE GA 30044

Title S  
Name WILLIAMS, RHONDA  
Address 3066 HWY 29 S.  
City-State-Zip: LAWRENCEVILLE GA 30044

*I hereby 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 all other like empowered.*

**SIGNATURE:** RHONDA WILLIAMS

**TREASURER**

**02/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date