## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 769527 ORDS, INC.			·				02-2	3-200	4 90056	041 **	**61.25
Principal Place of Business 1580 MURDOCK ROAD MARIETTA, GA 30062		Mailing Address 1580 MURDOCK ROAD MARIETTA, GA 30062								5	400	9459
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2. Principal P	lace of Business	3. Mailin	g Address									
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.				01152004	Chg-NP	1	CR2E0	37 (10/03	)
City & State		City & State					F0 4004007					Applied For Not Applicable
Zip 	Country	Zip		Cou	ntry		5. Certificate	of Status D	esired		<b>\$8.75</b> A Fee Requ	
	6. Name and Address of Current	Registered	Agent		Name	<u> </u>	7. Name and	Address o	f New R	egistered.	Agent	
C/O HEAD 1530 BUSI	FLYNN, HOLLY MS N, MOSS, FULTON PC INESS CENTER DR STE 4 PARK, FL 32003	•				ddress (P.O. Bax Number is Not Acceptable)						
•	•			;	City					FL	Zip C	ode
	named entity submits this statement for ions of registered agent.	or the purpos	e of changing its	registere	ed office or	register	ed agent, or bo	th, in the Sta	ate of Flo	orida. Lam	familiar wi	h, and accept
SIGNATURE	12 - 12 - 14 - 14 - 14 - 14 - 14 - 14 -										<u>.</u>	
1 16 1	Signature, typed or printed name of registered agen	t and title if applic	able. (NOT	E: Registere	i Agent signatu	re required	when reinstating)			DATE		
The second of th	Fill— For II 664 DE	and title if applic	9. Election Car Trust Fund (	mpaign F	inancing	ure required	\$5.00 May B Added to Fees	Be .		DATE lake chec ida Depar		
Server is constructed as	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Car	mpaign F	inancing		\$5.00 May I	·	Flor	lake chec ida Depai	tment of	State
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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 617, 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: Julith & Fullow Judith B. Fulton 2/19/04 770 565-686

Designature and typed on printed name of Signang Officer on Director

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