

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90035 029 ***150.00

DOCUMENT # 815272

1. Entity Name
BORAL BRICKS, INC.



Principal Place of Business
1630 ARTHURN RD
AUGUSTA, GA 30901 US

Mailing Address
200 MANSELL COURT EAST
STE 305
ROSWELL, GA 30076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004

Chg-P

CR2E034 (10/03)

4. FEI Number
58-0349750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME CANNON, C JR
STREET ADDRESS 200 MANSELL CT EAST STE 305
CITY-ST-ZIP ROSWELL, GA

TITLE VP ☐ Delete
NAME GIBBS, L
STREET ADDRESS 200 MANSELL CT EAST STE 305
CITY-ST-ZIP ROSWELL, GA

TITLE AT ☐ Delete
NAME TUCKER, PAMELA D
STREET ADDRESS 200 MANSELL COURT EAST, STE. 310
CITY-ST-ZIP ROSWELL, GA 30076

TITLE VP ☐ Delete
NAME BROWN, RALPH
STREET ADDRESS 1630 ARTHURN RD
CITY-ST-ZIP AUGUSTA, GA

TITLE SVPD ☐ Delete
NAME MCLEAN, ERNEST
STREET ADDRESS 200 MANSELL COURT EAST, STE. 310
CITY-ST-ZIP ROSWELL, GA 30076

TITLE PCD ☐ Delete
NAME BROWN, DENNIS
STREET ADDRESS 200 MANSELL COURT EAST, STE. 310
CITY-ST-ZIP ROSWELL, GA 30076

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Pamela T. Abbott
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Pamela T. Abbott* *Pamela Tucker Abbott* 1-23-04 770-552-3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #