
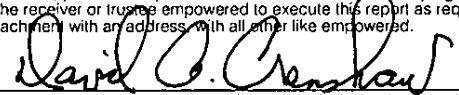


FILED
Aug 28, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 818124		
1. Entity Name CRENSHAW SUPPLY COMPANY		
Principal Place of Business 200 MENDEL DR. S. W. ATLANTA GEORGIA, 30336		Mailing Address P.O. BOX 43426 ATLANTA, GA 30336
DO NOT WRITE IN THIS SPACE		
		08242006 No Chg-P CR2E034 (11/05)
4. FEI Number 58-0918456		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		000000575477 08/29/06-80003-017 150.00 DATE
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, MYRA 200 MENDEL DRIVE, SW ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CRENSHAW, NANCY E 4328 CHASTAIN WALK DRIVE ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRENSHAW, DAVID A 200 MENDEL DR S W ATLANTA, GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		