

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**



**DOCUMENT # 818455**

1. Entity Name  
**ROBERT AND COMPANY**

Principal Place of Business  
**96 POPLAR ST NORTH WEST  
 ATLANTA, GA 30335**

Mailing Address  
**96 POPLAR ST NORTH WEST  
 ATLANTA, GA 30335**



04232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-0404938</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	CPSD KLUTTZ, M.K. 96 POPLAR ST. NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEASLEY, LARRY T 96 POPLAR ST NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V R. P. BENSON 96 POPLAR ST., NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEAF, M. 96 POPLAR ST NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MAYS, R.A. 96 POPLAR ST NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000152042  
 05/04/04-80069-022 150.00

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul M. Leaf Date: 4/29/04 Daytime Phone #: 404.577-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR