

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90249 044 ***150.00

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-0404938	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLUTTZ, M.K.		NAME		
STREET ADDRESS	96 POPLAR ST. NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	EV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEASLEY, LARRY T		NAME		
STREET ADDRESS	96 POPLAR ST NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	R. P. BENSON		NAME		
STREET ADDRESS	96 POPLAR ST., NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAF, M.		NAME		
STREET ADDRESS	96 POPLAR ST NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYS, R.A.		NAME		
STREET ADDRESS	96 POPLAR ST NW		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11000004



04222005 Chg-P CR2E034 (10/03)

4. FEI Number **58-0404938** Applied For Not Applicable

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

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: *W.H. Webb* **W.H. Webb** 4-25-05 (404) 577-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #