

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 818455

1. Entity Name
ROBERT AND COMPANY



Principal Place of Business
**229 PEACHTREE STREET, NE
SUITE 2000
ATLANTA, GA 30303**

Mailing Address
**229 PEACHTREE STREET, NE
SUITE 2000
ATLANTA, GA 30303**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-0404938

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000870819
04/09/08-80107-010 150.00

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	SV 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	VP COTHRAN, J.R. 96 POPLAR ST NW ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Michael Kluttz Michael Kluttz 03/28/08 404-577-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #