## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#831025**

FILED Jan 12, 2007 Secretary of State

Entity Name: JERRY PAIR & ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 351 PEACHTREE HILLS AVENUE NE ATLANTA, GA 30305 **Current Mailing Address: New Mailing Address:** 351 PEACHTREE HILLS AVENUE NE ATLANTA, GA 30305 FEI Number: 58-1188468 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAUER, JILL 5402 N.W. 27 TERRACE TAMARAC, FL 33309 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CAHOON, DANIEL Name: Name: 2647 DELLWOOD DR Address: Address: City-St-Zip: ATLANTA, GA 30309 City-St-Zip: VM Title: Title: () Delete () Change () Addition Name: BROWN, BARBARA Name: 45 STANDISH AVENUE Address: Address: City-St-Zip: ATLANTA, GA 30309 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MCKELVEY, DIAN Name: Name: 2443 ECHO DRIVE Address: Address: City-St-Zip: ATLANTA, GA 30345 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CAHOON, MAVIS Name: Name: Address: 21 GABERONNE CT Address: City-St-Zip: ATLANTA, GA 30324 City-St-Zip: Title: Title: ( ) Delete () Change () Addition PAIR, JERRY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DIAN B MCKELVEY Τ 01/12/2007

145 15TH STREET #1407

ATLANTA, GA 30309

Address: City-St-Zip: