

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/1

**FILED**  
**Jun 22, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90105 020 \*\*\*\*58.75  
06-22-2005 90078 004 \*\*\*100.00

**DOCUMENT # 837542**

1. Entity Name  
**DESIGN-BUILD CONCEPTS, INC.**



Principal Place of Business  
**3475 LENOX RD SUITE 700  
ATLANTA, GA 30326**

Mailing Address  
**3475 LENOX RD SUITE 700  
ATLANTA, GA 30326**

**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>58-1262293</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CARPENTER, RONALD  
5608 NW 43RD STREET  
GAINESVILLE, FL 32606**

**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 reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PD GIVAN, JAMES M 3475 LENOX RD SUITE 700 ATLANTA, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIVAN, ANN W 3475 LENOX RD SUITE 700 ATLANTA, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, JAMES 3475 LENOX RD SUITE 700 ATLANTA, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOCK, GENE R 3475 LENOX RD SUITE 600 ATLANTA, GA 30326
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 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: *Ann W. Givan* Ann W. Givan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/05*

Date

*404-812-3250*

Daytime Phone #