

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90014 001 \*\*\*150.00  
01-15-2004 90014 002 \*\*\*\*\*8.75

**DOCUMENT # 838302**

1. Entity Name  
**WILLIAMS-RUSSELL AND JOHNSON, INC.**



Principal Place of Business  
**771 SPRING ST. N.W.  
2ND FLOOR - JCREW  
ATLANTA, GA 30308-1039**

Mailing Address  
**771 SPRING ST. N.W.  
2ND FLOOR - JCREW  
ATLANTA, GA 30308-1039**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number  
**58-1269958**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, TYRONE C  
3900 N.W. 79TH AVENUE  
SUITE 520  
MIAMI, FL 33166-6549**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

COB  
WILLIAMS, PELHAM C CEO  
1250 CLEARBROOK DR., SW  
ATLANTA, GA 30311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PCOO  
JOHNSON, CHARLES E  
2807 ALAMEDA TRAIL  
DECATUR, GA 30034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
WHITE, LINNIE ADAMS  
3872 CHERU DR.  
DECATUR, GA 30034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SVD  
CARPENTER, JITENDRA V  
487 COVE DRIVE  
MARIETTA, GA 30067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
WILLIAMS, PELHAM L  
503 CHAMPION DRIVE  
DULUTH, GA 30092 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

COB/T  
WILLIAMS, PELHAM C. CEO  
1250 CLEARBROOK DR., SW  
ATLANTA, GA 30311 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PCOO/S  
JOHNSON, CHARLES E.  
2807 ALAMEDA TRAIL  
DECATUR, GA 30034 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP/D  
WHITE, LINNIE ADAMS  
620 PEACHTREE ST., NE #710  
ATLANTA, GA 30308-2366 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

EVP/D  
CARPENTER, JITENDRA V.  
487 COVE DRIVE  
MARIETTA, GA 30067 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SVP/D  
WILLIAMS, PEEHAM L.  
503 CHAMPION DRIVE  
DULUTH, GA 30092 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Charles E. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 9, 2004 (404)853-6800  
Date Daytime Phone #