

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90026 020 \*\*\*150.00

**DOCUMENT # 841453**

1. Entity Name  
ROSSER INTERNATIONAL, INC.



Principal Place of Business  
524 WEST PEACHTREE ST., N.W.  
ATLANTA, GA 30308

Mailing Address  
524 WEST PEACHTREE ST., N.W.  
ATLANTA, GA 30308

**54000259**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-0907845

Applied For  
Not Applicable

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

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ROSSER, PAUL C  
STREET ADDRESS 524 WEST PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 30308

TITLE D  
NAME DAVIDSON, JR, EDWARD W  
STREET ADDRESS 524 WEST PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 30308

TITLE PD  
NAME LONG, JR, NOAH H  
STREET ADDRESS 524 WEST PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 30308

TITLE SD  
NAME GRIFFIN, WILLIAM S  
STREET ADDRESS 524 WEST PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 30308

TITLE C  
NAME LITTLE, RICHARD K  
STREET ADDRESS 524 WEST PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 30308

TITLE VPD  
NAME MALOOF, LOUIS N  
STREET ADDRESS 524 WEST PEACHTREE STREET  
CITY-ST-ZIP ATLANTA, GA 30308

**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:** **Noah H. Long, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(404) 876-3800**

Daytime Phone #