


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 847469*</b> 1. Entity Name HYDRO SOUTH, INC.	
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Principal Place of Business 1355 MCFARLAND 400 DRIVE ALPHARETTA, GA 30201	Mailing Address 1355 MCFARLAND 400 DRIVE ALPHARETTA, GA 30201
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**DO NOT WRITE IN THIS SPACE**



03282003 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-1217902

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SYKES, RALPH 1250 HOPEWELL CREST ALPHARETTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, WAYNE 192 CROSS GATE DR. MARIETTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, GEORGE 834 W MADISON CHICAGO, IL 60607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYKES, RALPH 1250 HOPEWELL CREST ALPHARETTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WAYNE 192 CROSS GATE DR MARIETTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000162198  
06/07/04-80003-007 150.00

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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: *C. Shivers, Asst. Cont'l* 6-3-04 312-738-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #