

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 12 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856051

1. Entity Name

CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.



Principal Place of Business

3833 PEACHTREE RD., N.E.
SUITE 1700
ATLANTA, GA 30319-3372

Mailing Address

3833 PEACHTREE RD., N.E.
SUITE 1700
ATLANTA, GA 30319-3372

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242004

Chg-P

CR2E034 (10/03)

4. FEI Number

04-2626467

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
FORT LAUDERDALE, FL 33324

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 PD
STREET ADDRESS SCHUSTER, GERALD
CITY-ST-ZIP 132 YARMOUTH ROAD
BROOKLINE, MA ☐ Delete

TITLE
NAME Secretary
STREET ADDRESS Michael S. Benjamin
CITY-ST-ZIP 63 Kendrick Street
Needham, MA 02494 ☐ Change ☒ Addition

TITLE
NAME V
STREET ADDRESS NAJARIAN, ROBERT J
CITY-ST-ZIP 286 MAYFLOWER CIRCLE
HANOVER, MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS CALLAHAN, BRIAN E.
CITY-ST-ZIP 15 HICKORY DRIVE
MEDFIELD, MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS ROBERTS, JUNE E.
CITY-ST-ZIP 60 RICHARDSON ROAD
BELMONT, MA 02178 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME V
STREET ADDRESS SCHUSTER, MARK
CITY-ST-ZIP 63 KENDRICK ST
NEEDHAM, MA 02494 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #