

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90141 024 ***150.00

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**

50046977



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
04-2626467

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2005 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 PD ☐ Delete
NAME SCHUSTER, GERALD
STREET ADDRESS 132 YARMOUTH ROAD
CITY-ST-ZIP BROOKLINE, MA

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

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

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

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

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

TITLE S ☐ Delete
NAME BANJAMIN, MICHAEL
STREET ADDRESS 63 KENDRICK STREET
CITY-ST-ZIP BEEDHAM, MA 02494

TITLE ☐ Change ☒ Addition
NAME **600 Scott Schuster**
STREET ADDRESS **63 Kendrick St**
CITY-ST-ZIP **Needham, MA 02494**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #