


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000003947</b>		
1. Entity Name <b>SCHOPPMAN-FREESE COMPANY, INC.</b>		
Principal Place of Business 1355 TERRILL MILL ROAD, BLDG. 1470, #100 MARIETTA, GA 30067	Mailing Address 1355 TERRILL MILL ROAD, BLDG. 1470, #100 MARIETTA, GA 30067	

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2191745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY - ST - ZIP	PCD SCHOPPMAN, ERIC A 2712 LONG LAKE DRIVE ROSEWELL, GA 30075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD FREESE, PATRICK A 4138 BARBERRY DRIVE ROSEWELL, GA 30075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO VOLAN, LORI D 100 MILLBROOK TRACE MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/22/04-80009-012 150.00

**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)(f), 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:** *Lori D Volan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04 (770)850-9393  
Date Daytime Phone #