


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000364 1. Entity Name KENT H. LANDSBERG COMPANY OF ATLANTA, INC.	
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Principal Place of Business 5800 PLUMMER ROAD SUITE 150 ATLANTA, GA 30336	Mailing Address 5800 PLUMMER ROAD SUITE 150 ATLANTA, GA 30336
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04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-1683793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOOM, ERIC 6600 VALLEY VIEW STREET BUENA PARK, CA 90620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, CURTIS H 6600 VALLEY VIEW STREET BUENA PARK, CA 90620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONDON, MARK 6600 VALLEY VIEW STREET BUENA PARK, CA 90620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAGE, JAN 6600 VALLEY VIEW STREET BUENA PARK, CA 90620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OPLAND, KEITH A 5800 PLUMMER ROAD SUITE 150 ATLANTA, GA 30336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/18/04-80115-005 150.00

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: 	4-14-04	404-494-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		