

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000836

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: ATLANTIC INVESTORS GROUP, INC.

**Current Principal Place of Business:**

TWELVE PIEDMONT CENTER  
SUITE 418  
ATLANTA, GA 30305

**New Principal Place of Business:**

**Current Mailing Address:**

TWELVE PIEDMONT CENTER  
SUITE 418  
ATLANTA, GA 30305

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

T. R. MANAGEMENT CORPORATION  
555 W. GRANADA BLVD  
SUITE G12  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVT ( ) Delete  
Name: STICE, JAMES G  
Address: TWELVE PIEDMONT CENTER  
City-St-Zip: ATLANTA, GA 30305

Title: CD ( ) Delete  
Name: STICE, JAMES G  
Address: TWELVE PIEDMONT CENTER, SUITE 418  
City-St-Zip: ATLANTA, GA 30305

Title: SD ( ) Delete  
Name: GREATHOUSE, BEVERLY J  
Address: TWELVE PIEDMONT CENTER, SUITE 418  
City-St-Zip: ATLANTA, GA 30305

Title: D ( ) Delete  
Name: STICE, DALE D  
Address: TWELVE PIEDMONT CENTER, SUITE 418  
City-St-Zip: ATLANTA, GA 30305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. STICE

MGR

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date