


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90119 020 \*\*\*150.00

<b>DOCUMENT # F01000001551</b> 1. Entity Name <b>PRE SOLUTIONS, INC.</b>			
Principal Place of Business <b>520 GUTHRIDGE COURT, SUITE 100 NORCROSS, GA 30092</b>		Mailing Address <b>520 GUTHRIDGE COURT, SUITE 100 NORCROSS, GA 30092</b>	
2. Principal Place of Business <b>1241 O.G. Skinner Dr.</b>		3. Mailing Address <b>P.O. Box 510</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>West Point, GA</b>		City & State <b>West Point, GA</b>	
Zip <b>31833</b>	Country <b>USA</b>	Zip <b>31833</b>	Country <b>USA</b>
4. FEI Number <b>58-2567918</b>		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  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLETLY, HARRY J 520 GUTHRIDGE COURT, SUITE 100 NORCROSS, GA 30092	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HODGES, JEFF 520 GUTHRIDGE COURT, SUITE 100 NORCROSS, GA 30092	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODROOF, ALBERT C 824 THIRD AVENUE WEST POINT, GA 31833	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HADLEY, ROBERT T JR 520 GUTHRIDGE CT STE 100 NORCROSS, GA 30092	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, CAMPBELL B III 3300 20TH AVENUE VALLEY, AL 36854	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GEORGE M III 3300 20TH AVENUE VALLEY, AL 36854	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/15 Hodges, Jeff 1241 O.G. Skinner Dr. West Point, GA 31833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/CEO Lanier, Campbell B. III 1241 O.G. Skinner Dr. West Point, GA 31833	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/26/05</b> Daytime Phone # <b>(706) 645-9482</b>	