

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90982 017 ***150.00

DOCUMENT # F01000001994

1. Entity Name
FLORIDA N.P. ASSOCIATES, INC.



Principal Place of Business
400 PERIMETER CENTER TERRACE, SUITE 650
ATLANTA, GA 30346

Mailing Address
400 PERIMETER CENTER TERRACE, SUITE 650
ATLANTA, GA 30346

24055484



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
58-2612406

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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, 2004 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 WILSON, DAVID R
STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650
CITY-ST-ZIP ATLANTA, GA 30346

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

TITLE VT ☐ Delete
NAME GRAZZINI, BRIAN M
STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650
CITY-ST-ZIP ATLANTA, GA 30346

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

TITLE VS ☒ Delete
NAME GRISWOLD, DARYL R
STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650
CITY-ST-ZIP ATLANTA, GA 30346

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

TITLE S ☐ Delete
NAME GIBSON, REGINALD S DR
STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650
CITY-ST-ZIP ATLANTA, GA 30346

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Reginald S. Gibson, Jr.
CITY-ST-ZIP 400 Perimeter Center Terrace, Suite 650
Atlanta, GA 30346

TITLE AS ☐ Delete
NAME COSBY, TRACEY C
STREET ADDRESS 400 PERIMETER CENTER TERR. #650
CITY-ST-ZIP ATLANTA, GA 30346

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:

Tracey Cosby

Tracey C. Cosby

04/22/04 (770) 730-1103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #