


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90006 002 ***150.00

DOCUMENT # F01000003086					
1. Entity Name WORLD FINANCIAL GROUP, INC.					
Principal Place of Business 11315 JOHN CREEK PKWY DULUTH, GA 30097			Mailing Address 11315 JOHN CREEK PKWY DULUTH, GA 30097		
2. Principal Place of Business 11315 JOHNS CREEK PKWY		3. Mailing Address 11315 JOHNS CREEK PKWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: LEGAL DEPT.			
City & State DULUTH, GA		City & State DULUTH, GA		4. FEI Number 42-1518386	
Zip 30097		Country USA		Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONEHOCKER, TIM 11315 JOHNS CREEK PARKWAY DULUTH, GA 30097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C TIM L. STONEHOCKER 11315 JOHNS CREEK PARKWAY DULUTH, GA 30097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRAIG, EDITH W 11315 JOHNS CREEK PARKWAY DULUTH, GA 30097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D EDITH W. CRAIG 11315 JOHNS CREEK PARKWAY DULUTH, GA 30097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAM, SCOTT 11315 JOHNS CREEK PARKWAY DULUTH, GA 30097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D SCOTT W. HAM 11315 JOHNS CREEK PARKWAY DULUTH, GA 30097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, NEWEL R JR. 11315 JOHNS CREEK PKWY DULUTH, GA 30097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEIDRE S. DAVIS 11315 JOHNS CREEK PARKWAY DULUTH, GA 30097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMINGS, WILLIAM G 570 CARILLON PARKWAY ST. PETERSBURG, FL 337161202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLAN J. HAMILTON 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOATE, NANCY A 11315 JOHN CREEK PKWY DULUTH, GA 30097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NANCY A. MOATE 11315 JOHNS CREEK PARKWAY DULUTH, GA 30097 <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.					
SIGNATURE: <u>Deidre S. Davis</u> DEIDRE S. DAVIS			Date 1/8/2004 Daytime Phone # 770-453-9300		