

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90009 010 ***150.00

DOCUMENT # F01000005574

1. Entity Name
WORLD GROUP SECURITIES, INC.



Principal Place of Business
**11315 JOHNS CREEK PARKWAY
DULUTH, GA 30097**

Mailing Address
**11315 JOHNS CREEK PARKWAY
DULUTH, GA 30097**

44006331



2. Principal Place of Business

3. Mailing Address
11315 JOHNS CREEK PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: LEGAL DEPT.

01082004 Chg-P CR2E034 (10/03)

City & State

City & State
DULUTH, GA

4. FEI Number
42-1517006

Applied For
Not Applicable

Zip

Country

Zip
30097

Country

USA

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
SCOULLER, KIMBERLY A
11315 JOHNS CREEK PKWY
DULUTH, GA 30097** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORIARTY, THOMAS R
570 CARILLON PARKWAY
ST. PETERSBURG, FL 33716** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
EASLEY, LEESA M.
11315 JOHNS CREEKS PKWY
DULUTH, GA 30097** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
MOATE, NANCY A
11315 JOHNS CREEK PKWY
DULUTH, GA 30097** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SULLIVAN, JULIE A
11315 JONES CREEK PKWY
DULUTH, GA 30097** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GALE, MICHAEL
11315 JOHNS CREEK PKWY
DULUTH, GA 30097** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LAWRENCE, TOM
11315 JOHNS CREEK PARKWAY
DULUTH, GA 30097** ☐ Change ☒ 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: Leesa M. Easley LEESA M. EASLEY

1/12/2004

770-453-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #