## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2004 8:00 am **Secretary of State** DOCUMENT # F01000006273 04-29-2004 90208 015 \*\*\*150.00 STEWART & ASSOCIATES, P.C., ATTORNEYS AT LAW. INC. Principal Place of Business Mailing Address 3950 JOHNS CREEK COURT 3950 JOHNS CREEK COURT SUITE 100 SUITE 100 SUWANEE, GA 30024 SUWANEE, GA 30024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 58-2656354 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REGISTERED AGENTS LEGAL SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ASSLI VICE President TITLE Delete TITLE 2-ettange LOUDERMILK, RICHARD John A. Frasier NAME 3950 Johns Creek Court Buite 100 STREET ADDRESS **TWO SUN COURT SUITE 450** STREET ADDRESS CITY-ST-7IP NORCROSS, GA 30092 CITY-ST-7IP Suwanee GA 30024 president TITLE ☐ Detete TITLE ☐ Addition steve stewart NAME STEWART, STEVE NAME 3950 Johns Creek Count Suite 100 STREET ADDRESS **TWO SUN COURT SUITE 450** STREET ADDRESS CITY-ST-ZIP NORCROSS, GA 30092 CITY - ST-ZIP GA-30024 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER