

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000004736**

1. Entity Name  
**DOCUMENT RESOURCES INC.**



Principal Place of Business  
**444 BRICKELL AVENUE  
RIVERGATE PLAZA STE. P6  
MIAMI, FL 33131**

Mailing Address  
**230 PEACHTREE STREET STE. 700  
ATLANTA, GA 30303**

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P GR2E034 (10/03)

4. FEI Number  
**58-2377042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JONES, WALTER ANTHONY  
777 BRICKELL AVENUE  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	CARROLL, SHELIA F
STREET ADDRESS	1248 SUNDERLAND COURT
CITY - ST - ZIP	ATLANTA, GA 30319
TITLE	VCVP
NAME	KORSKI, RICHARD H
STREET ADDRESS	1248 SUNDERLAND COURT
CITY - ST - ZIP	ATLANTA, GA 30319
TITLE	DT
NAME	WHITEHEAD, JULIAN
STREET ADDRESS	631 GOLDENWOOD COURT
CITY - ST - ZIP	POWER SPRINGS, GA 30127
TITLE	S
NAME	LANIER, AMINA S
STREET ADDRESS	104 WHITAKER DRIVE
CITY - ST - ZIP	STOCKBRIDGE, GA 30281
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/12/04-80002-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Richard Korsi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 2, 04*  
Date Daytime Phone #