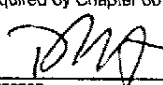
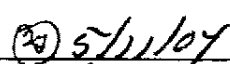


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000064932 1. Entity Name HD BUILDER SOLUTIONS GROUP, INC.		
Principal Place of Business 2455 PACES FERRY ROAD ATLANTA, GA 30339	Mailing Address 2455 PACES FERRY ROAD ATLANTA, GA 30339	
DO NOT WRITE IN THIS SPACE		
		
05062004 No Chg-P CR2E034 (10/03)		
4. FEI Number 02-0647515		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$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		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 NAME STREET ADDRESS CITY-ST-ZIP	VD BLAKE, FRANCIS S 2455 PACES FERRY ROAD ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FERNANDEZ, FRANK L 2455 PACES FERRY ROAD ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TOME, CAROL B 2455 PACES FERRY ROAD ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIKSE, MARK E 2455 PACES FERRY ROAD ATLANTA, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAZZONE, DOMINIC C 2455 PACES FERRY ROAD ATLANTA, GA 30339	
TITLE 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: <u>Dominic C. Mazzone</u>   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		