

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001867**

1. Entity Name  
**PRO MARKETING, INC**



Principal Place of Business  
**1350 BLUEGRASS LAKES PKWY.  
ALPHARETTA, GA 30004**

Mailing Address  
**1350 BLUEGRASS LAKES PKWY.  
ALPHARETTA, GA 30004**



03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1599160**

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HALL, J.H. JR  
STREET ADDRESS 1350 BLUEGRASS LAKES PKWY.  
CITY-ST-ZIP ALPHARETTA, GA 30004

TITLE STD  
NAME HALL, BEATRICE  
STREET ADDRESS 1350 BLUEGRASS LAKES PKWY.  
CITY-ST-ZIP ALPHARETTA, GA 30004

TITLE D  
NAME HALL, RICHARD  
STREET ADDRESS 1350 BLUEGRASS LAKES PKWY.  
CITY-ST-ZIP ALPHARETTA, GA 30004

TITLE D  
NAME HALL, WILLIAM  
STREET ADDRESS 1350 BLUEGRASS LAKES PKWY.  
CITY-ST-ZIP ALPHARETTA, GA 30004

TITLE D  
NAME HALL, GREGORY  
STREET ADDRESS 1350 BLUEGRASS LAKES PKWY.  
CITY-ST-ZIP ALPHARETTA, GA 30004

TITLE D  
NAME HALL, TIMOTHY  
STREET ADDRESS 1350 BLUEGRASS LAKES PKWY.  
CITY-ST-ZIP ALPHARETTA, GA 30004

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03/31/05-80037-014 150.00

**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)(f), 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 OR DIRECTOR

3/29/05

Date

7704422534

Daytime Phone #