

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002968

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** BROCKINGTON AND ASSOCIATES, INC.

**Current Principal Place of Business:**

6611 BAY CIRCLE, STE. 220  
NORCROSS, GA 30071

**New Principal Place of Business:**

**Current Mailing Address:**

6611 BAY CIRCLE, STE. 220  
NORCROSS, GA 30071

**New Mailing Address:**

**FEI Number:** 58-1873779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RABBYSMITH, STEVE  
4095 BARRANCAS AVENUE  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** BROCKINGTON, PAUL E JR.  
**Address:** 8625 BERKELEY RIDGE TARN  
**City-St-Zip:** ATLANTA, GA 30350

**Title:** VP  
**Name:** WHITLEY, THOMAS G  
**Address:** 2678 COLGAN COURT, SE  
**City-St-Zip:** ATLANTA, GA 30317

**Title:** S  
**Name:** BROCKINGTON, MARY M  
**Address:** 8625 BERKELEY RIDGE TARN  
**City-St-Zip:** ATLANTA, GA 30350

**Title:** COO  
**Name:** BROCKINGTON, SARAH E  
**Address:** 4030 EAST MEADOW DR., NW  
**City-St-Zip:** DULUTH, GA 30096

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PAUL E, BROCKINGTON, JR.

CEO

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date