

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000002200**

1. Entity Name  
**FELLERS, SCHEWE, SCOTT & ROBERTS, INC.**



Principal Place of Business  
**2513-A ROYAL PLACE  
TUCKER, GA 30084 US**

Mailing Address  
**PO BOX 450233  
ATLANTA, GA 31145 US**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2043575**

Applied For  
Not Applicable

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

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

**STRONG, GARY P  
11643 RENAISSANCE VIEW COURT  
TAMPA, FL 33626**

**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	SCHEWE, RICHARD G
STREET ADDRESS	2513-A ROYAL PLACE
CITY-ST-ZIP	TUCKER, GA 30084
TITLE	VPD
NAME	ROBERTS, JAMES S
STREET ADDRESS	2513-A ROYAL PLACE
CITY-ST-ZIP	TUCKER, GA 30084
TITLE	SD
NAME	SCOTT, RANDOLPH C
STREET ADDRESS	2513-A ROYAL PLACE
CITY-ST-ZIP	TUCKER, GA 30084
TITLE	TC
NAME	FELLERS, JAMES V
STREET ADDRESS	2513-A ROYAL PLACE
CITY-ST-ZIP	TUCKER, GA 30084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000175192  
01/10/05-80042-001 150.00

**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)(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: James V Fellers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/06/2005**

Date

**770-621-9548**

Daytime Phone #