

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000003249

1. Entity Name
E A TECHNICAL SERVICES, INC.



Principal Place of Business
1220 OLD ALPHARETTA ROAD
STE 390
ALPHARETTA, GA 30005

Mailing Address
1220 OLD ALPHARETTA ROAD
STE 390
ALPHARETTA, GA 30005



02262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1968340

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

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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	DV
NAME	WILSON, DOUGLAS H
STREET ADDRESS	3951 CENTRE COURT
CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	VSTD
NAME	HARTER, THOMAS C
STREET ADDRESS	454 SUMMIT OVERLOOK DRIVE
CITY-ST-ZIP	DAWSONVILLE, GA 30339
TITLE	P
NAME	RAY, CARL S
STREET ADDRESS	127 PINEDALE RD
CITY-ST-ZIP	TERRY, MS 39170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000267388
03/17/05-80066-015 150.00

**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: *John A. Bennett* CFA CONTROLLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2005 (678) 455-7266

Date

Daytime Phone #

CAF #03-0060369R