

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 016 ***550.00

DOCUMENT # F94000003519

1. Entity Name
REECE, HOOPES & FINCHER, INCORPORATED



New address

Principal Place of Business Mailing Address
~~1234 AIRPORT ROAD~~ **4100 Legendary Dr.** 400 PERIMETER CENTER TERRACE
SUITE 116 SUITE 85
~~DESTIN, FL 32541~~ US ATLANTA, GA 30346 US
Suite 240 Destin FL 32541



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1764766

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANDRY, TROY M
~~1234 AIRPORT ROAD~~ **4100 Legendary Dr.**
~~SUITE 116~~ **Suite 240**
~~DESTIN, FL 32541~~ **Destin, FL 32541**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOOPES, GARY A
6815 HUNTERS TRACE CIRCLE
ATLANTA, GA 30328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FINCHER, HOYT T III
1419 LAFAYETTE LANE
MARIETTA, GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BARCLIFT, DAVID W
3524 SUNDERLAND WAY
ATLANTA, GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANDRY, TROY M
110 FAREWELL LANE
ALPHARETTA, GA 30022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

HOYT T. FINCHER III

7/11/2007 170-394-8313