## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000003519

110 FAREWELL LANE

ALPHARETTA, GA 30022

Address:

City-St-Zip:

Entity Name: REECE, HOOPES & FINCHER, INCORPORATED

FILED Feb 21, 2008 Secretary of State

Entity Name: Reloc, Hoofes & Fincher, INCORPORATED					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4100 LEGENDARY DR SUITE 240 DESTIN, FL 32541 US			400 PERIMETER CENT SUITE 85 ATLANTA, GA 30346	ER TERRACE US	
Current M	lailing Addre	ess:	New Mailing Address:	New Mailing Address:	
SUITE 85	METER CENT , GA 30346	ER TERRACE US			
,	: <b>58-1764766</b>	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
LAUDRY, TROY M 4100 LEGENDARY DR SUITE 240 DESTIN, FL 32541 US			CT CORPORATION SY 1200 SOUTH PINE ISLA	CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US	
	named entity e of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: DALE MORRIS				02/21/2008	
	Electro	onic Signature of Registered Agen	t	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HOOPES, GA	RS TRACE CIRCLE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( FINCHER, HC 1419 LAFAYE MARIETTA, G	TTE LANE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( BARCLIFT, D 3524 SUNDE ATLANTA, GA	RLAND WAY	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	D ( LANDRY, TRO	) Delete DY M	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TROY M. LANDRY D 02/21/2008