

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004124

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: GEORGIA/ATLANTIC CONTRACTORS, INC.

## Current Principal Place of Business:

4193 RUFUS PLACE  
DORAVILLE, GA 30340 US

## New Principal Place of Business:

## Current Mailing Address:

4193 RUFUS PLACE  
DORAVILLE, GA 30340 US

## New Mailing Address:

FEI Number: 58-1657796      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BAILEY, KIM  
3030 OCEANSHORE BLVD  
ORMOND BCH, FL 32176 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: PCD ( ) Delete  
Name: BAILEY, KIM  
Address: 3480 MILLWATER CROSSING  
City-St-Zip: DACULA, GA 30019

Title: VPS ( ) Delete  
Name: BAILEY, TRACEY  
Address: 869 MIDDLE FORK TRAIL  
City-St-Zip: SUWANEE, GA 30024

Title: D (X) Delete  
Name: BAILEY, DORIS  
Address: 5831 LAKESHORE DR.  
City-St-Zip: BUFORD, GA

Title: D (X) Delete  
Name: FLOYD, KRISTEN  
Address: 6216 TALL WOODS CT  
City-St-Zip: FLOWERY BRANCH, GA 30542

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change ( ) Addition  
Name: BAILEY, DORIS  
Address: 5831 LAKESHORE RD  
City-St-Zip: BUFORD, GA 30518

Title: PDS (X) Change ( ) Addition  
Name: BAILEY, TRACEY  
Address: 869 MIDDLE FORK TRAIL  
City-St-Zip: SUWANEE, GA 30024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: TRACEY BAILEY

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date