

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90001 041 ***150.00

DOCUMENT # F94000004352 1. Entity Name ANTHONY ASSOCIATES OF GEORGIA, INC.			
Principal Place of Business 2400 EAST COMMERCIAL BLVD 204 FORT LAUDERDALE, FL 33308 US		Mailing Address 2400 EAST COMMERCIAL BLVD 204 FORT LAUDERDALE, FL 33308 US	
2. Principal Place of Business 2929 E. COMMERCIAL BLVD Suite, Apt. #, etc. SUITE 608		3. Mailing Address 2929 E. COMMERCIAL BLVD Suite, Apt. #, etc. SUITE 608	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33308		Zip 33308	
Country BROWARD		Country BROWARD	
4. FEI Number 58-1893998		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'AVANZO, STEFANIE 2400 E COMMERCIAL BLVD #204 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name SUSAN M. BEATTY, CLA Street Address (P.O. Box Number is Not Acceptable) 2929 E. COMMERCIAL BLVD SUITE 608 City FT. LAUDERDALE FL Zip Code 33308	
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 <u>Susan M. Beatty</u> <u>SUSAN M. BEATTY</u> <u>9-3-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 OCTOBER 1		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JODOIN, FRANK A 1729 SW 4TH CT FT. LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JODOIN, FRANK A 3850 GALT OCEAN DR #2001 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST D'AVANZO, STEFANIE 4758 LAGO VISTA DR COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9-3-04</u> Daytime Phone # <u>954-938-9999</u>	