

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90014 040 ***150.00

DOCUMENT # F95000005327

1. Entity Name
STOREHOUSE, INC.



Principal Place of Business
**4200 PERIMETER PARK S
SUITE 100
ATLANTA, GA 30366 US**

Mailing Address
**4200 PERIMETER PARKS
SUITE 100
ATLANTA, GA 30366 US**

44010162



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1075665

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**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HIPPLE, CAROLINE
STREET ADDRESS	4200 PERIMETER PARK S
CITY-ST-ZIP	ATLANTA, GA 30341
TITLE	CFOV
NAME	DELOUCHRY, CHRISTINA
STREET ADDRESS	4200 PERIMETER PARK S
CITY-ST-ZIP	ATLANTA, GA 30341
TITLE	<i>Treasurer</i>
NAME	<i>MATTHIES, CHRIS</i>
STREET ADDRESS	<i>4200 PERIMETER PARKS</i>
CITY-ST-ZIP	<i>ATLANTA, GA 30341</i>
TITLE	<i>Sec</i>
NAME	<i>Deborah Jacks</i>
STREET ADDRESS	<i>2121 Gardner St</i>
CITY-ST-ZIP	<i>Elliston, VA 24087</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Christina Delouchry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04
Date

Daytime Phone #