

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000001710

1. Entity Name

ATLANTA REALTY MANAGEMENT GROUP, INC.



Principal Place of Business

104 INTERSTATE NORTH
PARKWAY EAST SE
ATLANTA, GA 30339

Mailing Address

104 INTERSTATE NORTH
PARKWAY EAST SE
ATLANTA, GA 30339



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number

58-2021726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SEXTON, JOHN W
STREET ADDRESS 104 INTERSTATE NORTH PKWY EAST SE
CITY-ST-ZIP ATLANTA, GA 30339

TITLE S
NAME GROVE, PAUL M
STREET ADDRESS 104 INTERSTATE NORTH PKWY EAST SE
CITY-ST-ZIP ATLANTA, GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000454459
03/15/06-80016-014 150.00

**DO NOT WRITE
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

Paul Grove, Sec

2/23/06

Date

678-589-9500

Daytime Phone #