

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90029 012 \*\*\*150.00

**DOCUMENT # F96000001710**

1. Entity Name  
ATLANTA REALTY MANAGEMENT GROUP, INC.



Principal Place of Business  
2060 NOUNT PARAN RD  
SUITE 205  
ATLANTA, GA 30327

Mailing Address  
2060 NOUNT PARAN RD  
SUITE 205  
ATLANTA, GA 30327

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132008

Chg-P

CR2E034 (12/06)

4. FEI Number  
58-2021726

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008 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	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, JOHN W	
STREET ADDRESS	104 INTERSTATE NORTH PKWY EAST SE	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	P	<input type="checkbox"/> Delete
NAME	GROVE, PAUL M	
STREET ADDRESS	2060 MT PARAN RD SUITE 205	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERMAN, ADRIANA W	
STREET ADDRESS	2060 MT PARAN RD SUITE 205	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEZZULLO, ARTHUR III	
STREET ADDRESS	2060 MT PARAN RD SUITE 205	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 M. GROVE

3/27/08

Date

404-240-6240

Daytime Phone #