2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2005 08:00 AM DOCUMENT # F96000001912 **Secretary of State** PEACHTREE INTERIOR BUILDERS, LTD. **INCORPORATED** Principal Place of Business Mailing Address 2475 MEADOWBROOK PKWY 2475 MEADOWBROOK PKWY NW STE I NW STE I DULUTH, GA 30096 DULUTH, GA 30096 01112005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1568377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 --- After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TiTi F NAME **BURTON, JOHNNY** STREET ADDRESS 2475 MEADOWBROOK PKWY N.W. STE I U00000210679 CITY-ST-ZIP DULUTH, GA 30096 W2/02/05-80089=004 150.00 TITLE KITCHENS, CHRIS M NAME STREET ADDRESS 2475 MEADOWBROOK PKWY N.W. STE I CITY-ST-ZIP DULUTH, GA 30096 TITLE BAILEY, ROBERT M JR NAME STREET ADDRESS 2475 MEADOWBROOK PKWY N.W. STE I DO NOT WRITE CITY-ST-ZIP DULUTH, GA 30096 TITLE IN THIS SPACE NAME KITCHENS, JENNY STREET ADDRESS 2475 MEADOWBROOK PKWY N.W. STE I

12. I hereby certify that the Information supplied with this filling 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DULUTH, GA 30096

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/05 678-473-92

FILED