## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT FILED** DOCUMENT # F96000001912 Jul 10, 2008 08:00 AM 1. Entity Name PEACHTREE INTERIOR BUILDERS, LTD. **Secretary of State** 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 07072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1568377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ا يهاله ، وفيضاء لويد عرضه والمستويد و الماليس و م C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE with the state of the said 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. U00000954059 /<del>10/08-8<u>00</u>09-017</del> 1**50**-00 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. The first of the second of the 10. OFFICERS AND DIRECTORS TITLE NAME **BURTON, JOHNNY** STREET ADDRESS 2475 MEADOWBROOK PKWY N.W. STE I CITY-ST-ZIP **DULUTH, GA 30096** TITLE NAME KITCHENS, CHRIS M 2475 MEADOWBROOK PKWY N.W. STE I STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30096 TITLE NAME BAILEY, ROBERT M JR 2475 MEADOWBROOK PKWY N.W. STE I STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DULUTH, GA 30096 TITLE IN THIS SPACE KITCHENS, JENNY NAME 2475 MEADOWBROOK PKWY N.W. STE I STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30096 Martin & maring the State of the Contraction of the State TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 praddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

INNATURE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

7-7-08

678-473-9290

Day