

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90017 031 ***150.00

DOCUMENT # F96000003545

1. Entity Name
TETON INDUSTRIAL GROUP, INC.



Principal Place of Business
**1690 BLUEGRASS LAKES PKWY
ALPHARETTA, GA 30004 US**

Mailing Address
**1690 BLUEGRASS LAKES PKWY
#300
ALPHARETTA, GA 3004 US**

44007920



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2228881** 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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCST
NAME	WATSON, BARBARA A
STREET ADDRESS	1690 BLUEGRASS LAKE PKWY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	DCP
NAME	WATSON, JAMES T
STREET ADDRESS	1690 BLUEGRASS LAKES PKWY
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	DV
NAME	BARAN, JOHN S
STREET ADDRESS	700 OLD ROSWELL LAKES PKWY #300
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D
NAME	TURNER, JOHN C
STREET ADDRESS	700 OLD ROSWELL LAKES PKWY, 300
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D
NAME	SAVAGE, ROY H
STREET ADDRESS	700 ROSWELL LAKES PKWY, #300
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Barbara A. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara A. Watson 1-7-2004 770-442-2884