2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000004656

1. Entity Name
ROBERT PATTILLO PROPERTIES, INC.

Principal Place of Business	Mailing Address
2987 CLAIRMONT ROAD, STE 550 ATLANTA, GA 30329	2987 CLAIRMONT ROAD, STE 550 ATLANTA, GA 30329

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-6020072

☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	CEO
NAME	PATTILLO, ROBERT A
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550
CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	VP
NAME	REESE, CLAY W
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550
CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	SEC
NAME	GALLOWAY, TERRY L
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550
CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	D
NAME	LOWDER, THOMAS H
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550
CITY-ST-ZIP	ATLANTA, GA
TITLE	D
NAME	BARKSDALE, RANDOLPH A
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550
CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	D
NAME	VANYO, BARBARA
STREET ADDRESS	2987 CLAIRMONT ROAD, STE 550
CITY-ST-ZIP	ATLANTA, GA 30329

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02/22/06-80048-001 150.00

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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: _____ TERRY L. GALLOWAY SECRETARY 1/4/06 678-361-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #