

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000004297

1. Entity Name

THE INTOWN COMPANIES INCORPORATED



Principal Place of Business

**2200 NORTHLAKE PKWY
SUITE 277
TUCKER, GA 30084**

Mailing Address

**2200 NORTHLAKE PKWY
SUITE 277
TUCKER, GA 30084**



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2104623

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRELL, SCOTT
6523 US HWY 19
NEW PORT RICHEY, FL 34652**

**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

Scott Harrell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/11/05
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRELL, MELTON
STREET ADDRESS	2168 BRIARLAKE TRACE
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	V
NAME	HARRELL, SCOTT
STREET ADDRESS	6523 US HWY 19
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	S
NAME	HARRELL, DEBORAH
STREET ADDRESS	2168 BRIARLAKE TRACE
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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:

Scott Harrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05
Date

(770) 939-1401
Daytime Phone #