
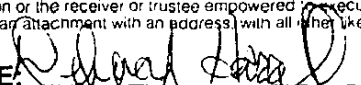


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90115 010 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 58-2104623 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HARRELL, SCOTT 6523 US HWY 19 NEW PORT RICHEY, FL 34652 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P | NAME HARRELL, MELTON | | TITLE | NAME | |
| STREET ADDRESS 2168 BRIARLAKE TRACE | CITY-ST-ZIP ATLANTA, GA 30345 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE V | NAME HARRELL, SCOTT | | TITLE PRESIDENT | NAME HARRELL, SCOTT | |
| STREET ADDRESS 6523 US HWY 19 | CITY-ST-ZIP NEW PORT RICHEY, FL 34652 | | STREET ADDRESS 6523 US HIGHWAY 19 | CITY-ST-ZIP NEW PORT RICHEY, FL 34652 | |
| TITLE S | NAME HARRELL, DEBORAH | | TITLE | NAME | |
| STREET ADDRESS 2168 BRIARLAKE TRACE | CITY-ST-ZIP ATLANTA, GA 30345 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| 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:  | | | DEBORAH HARRELL, SECRETARY | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | (770) 939-1801 | | |