## 2005 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 14, 2005 08:00 AM Secretary of State **DOCUMENT # F98000002667** DAY WILBURN ASSOCIATES, INC. Principal Place of Business\_ Mailing Address 1718 PEACHTREE ST., NW 1718 PEACHTREE ST., NW SUITE 461 SUITE 461 ATLANTA, GA 30309 LUS . . ATLANTA, GA 30309 No Chg-P CR2E034 (10/03) 02282005 Applied For 4. FEI Number 58-2148874 Not Applicable urrent Registered \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and little il applicable. (NOTE: Registered Agent signature required when reinstating) U00000262750 03/14/05-80068-011 150.00 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS The Bull He Station Transport The Comment of the C TITLE DAY, RICHARD A NAME STREET ADDRESS 5295 SILVER CREEK DR. CITY-ST-ZIP LILBURN, GA 30047 TITLE NAME WILBURN, JAMES R STREET ADDRESS 411 JAMES STORE ROAD er a distribution CITY-ST-ZIP GREENVILLE, GA 30222 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE . Logarnini ili 🗎 🗀 NAME · 中期的第二人称 STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 the propriate a 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:

NAME STREET ADDRESS

8/11/00

Carlotte Commen