

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002695

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: ROBERT E. GRESHAM, INC.

## Current Principal Place of Business:

PO BOX 1127  
LILBURN, GA 300481127

## New Principal Place of Business:

PO BOX 3289  
SUWANEE, GA 300243289

## Current Mailing Address:

PO BOX 1127  
LILBURN, GA 300481127

## New Mailing Address:

PO BOX 3289  
SUWANEE, GA 300243289

FEI Number: 58-1404841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, BARBARA  
107 HERRON PKWY  
WEST PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRESHAM, ROBERT E  
Address: 8445 MOOR PARK RUN  
City-St-Zip: DULUTH, GA 30097

Title: ST ( ) Delete  
Name: GRESHAM, JOAN  
Address: 8445 MOOR PARK RUN  
City-St-Zip: DULUTH, GA 30097

Title: V ( ) Delete  
Name: WILMOT, KATHERINE  
Address: 4037-A DARLING CT  
City-St-Zip: LILBURN, GA 30047

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: WILMOT, KATHERINE  
Address: 5039 B U BOWMAN DRIVE  
City-St-Zip: BUFORD, GA 30518

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE WILMOT

VP

01/12/2004

Electronic Signature of Signing Officer or Director

Date