

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005234

1. Entity Name

JULIAN LECRAW AND COMPANY, INC.



Principal Place of Business

**1575 NORTHSIDE DRIVE, BLDG. 100, STE. 200
ATLANTA, GA 30318**

Mailing Address

**1575 NORTHSIDE DRIVE, BLDG. 100, STE. 200
ATLANTA, GA 30318**

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number

58-1740423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LECRAW, JULIAN JR.
1575 NORTHSIDE DRIVE, BLDG. 100, STE. 100
ATLANTA, GA 30318**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
TOMPKINS, MICHAEL E
1575 NORTHSIDE DRIVE, BLDG. 100, STE. 100
ATLANTA, GA 30318**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OS
WALKER, LEE
1575 NORTHSIDE DRIVE, BLDG. 100, STE. 100
ATLANTA, GA 30318**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROOME, STEVE
1575 NORTHSIDE DRIVE, BLDG. 100, STE. 100
ATLANTA, GA 30318**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAYCURA, DAVID
1575 NORTHSIDE DRIVE, BLDG. 100, STE. 100
ATLANTA, GA 30318**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000171269
08/30/04-80011-011 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 24, 2004

Date

Daytime Phone #