

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 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



02252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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	DS 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	

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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

4-20-2005 404 35220

Date

Daytime Phone #