


**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
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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 <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	

U00000353148  
 05/03/05-80053-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-20-2005 404 3522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #