

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H34997

1. Entity Name
ROBERT AND COMPANY OF FLORIDA



Principal Place of Business
**96 POPLAR ST. NW
ATLANTA, GA 30335**

Mailing Address
**96 POPLAR ST. NW
ATLANTA, GA 30335**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2469692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000150815
05/04/04-80021-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSV
MAYS, R A
96 POPLAR ST NW
ATLANTA, GA 30303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LEAF, JR P M
96 POPLAR ST NW
ATLANTA, GA 30303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BCEO
KLUTTZ, M.K.
96 POPLAR ST. NW
ATLANTA, GA 30303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WHITMAN, SANDRA
96 POPLAR ST. NW
ATLANTA, GA 30303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVT
BEASLEY, L T
96 POPLAR ST NW
ATLANTA, GA 30303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(j), 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:

Paul M. Leaf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

404-577-4000

Daytime Phone #