


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 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**



04222005 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: \_\_\_\_\_ (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	DSV
NAME	MAYS, R A
STREET ADDRESS	96 POPLAR ST NW
CITY-ST-ZIP	ATLANTA, GA 30303
TITLE	DV
NAME	LEAF, JR P M
STREET ADDRESS	96 POPLAR ST NW
CITY-ST-ZIP	ATLANTA, GA 30303
TITLE	BCEO
NAME	KLUTTZ, M.K.
STREET ADDRESS	96 POPLAR ST. NW
CITY-ST-ZIP	ATLANTA, GA 30303
TITLE	AS
NAME	WHITMAN, SANDRA
STREET ADDRESS	96 POPLAR ST. NW
CITY-ST-ZIP	ATLANTA, GA 30303
TITLE	EVT
NAME	BEASLEY, L T
STREET ADDRESS	96 POPLAR ST NW
CITY-ST-ZIP	ATLANTA, GA 30303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/27/05-80067-025 150.00

**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)(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: W.H. Webb VP W.H. Webb  
 4-25-05 (404) 577-4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #