

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90282 041 \*\*\*150.00

<b>DOCUMENT # M32364</b>	
1. Entity Name COTTON STATES MARKETING RESOURCES, INC.	



Principal Place of Business 244 PERIMETER CENTER PARKWAY, N.E. ATLANTA, GA 30346	Mailing Address 244 PERIMETER CENTER PARKWAY, N.E. ATLANTA, GA 30346
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**20041860**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2681997	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KINMAN, JOSEPH F JR % OGDEN & SULLIVAN, P.A. 113 SOUTH ARMENIA TAMPA, FL 33609		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CPD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD, J. RIDLEY			NAME	Barbara Baurer		
STREET ADDRESS	1176 BROOKGATE WAY			STREET ADDRESS	244 Perimeter Center Parkway, N.E.		
CITY-ST-ZIP	ATLANTA, GA			CITY-ST-ZIP	Atlanta, Georgia 30346		
TITLE	VPC	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARLOW, WILLIAM J.			NAME	David A. Magers		
STREET ADDRESS	610 RIDGEBROOK POINT			STREET ADDRESS	244 Perimeter Center Parkway, N.E.		
CITY-ST-ZIP	ROSWELL, GA 30075			CITY-ST-ZIP	Atlanta, Georgia 30346		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBLEE, WENDY M.			NAME	Paul Harmon		
STREET ADDRESS	1438 CUSTIS CT			STREET ADDRESS	244 Perimeter Center Parkway, N.E.		
CITY-ST-ZIP	ATLANTA, GA 30338			CITY-ST-ZIP	Atlanta, Georgia 30346		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, HARRY V			NAME	William J. Barlow		
STREET ADDRESS	1793 JOHNSON FERRY ROAD			STREET ADDRESS	244 Perimeter Center Parkway, N.E.		
CITY-ST-ZIP	ATLANTA, GA 30319			CITY-ST-ZIP	Atlanta, Georgia 30346		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** William J. Barlow William J. Barlow April 20, 2005 (770) 391-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #