
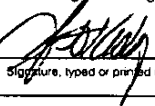
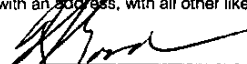


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90031 030 ****70.00

DOCUMENT # N94000006282 1. Entity Name BOOTH SERVICES, INC.					
Principal Place of Business 1424 NE EXPRESSWAY ATLANTA, GA			Mailing Address 1424 NE EXPRESSWAY ATLANTA, GA		
2. Principal Place of Business 1424 NE Expressway		3. Mailing Address 1424 NE Expressway			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Atlanta, Georgia		City & State Atlanta, Georgia		4. FEI Number 59-3342078	
Zip 30329		Country USA (N940000062)		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAULKNER, DONALD 3101 LAKE ELLEN LN TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Steve Hedgren Street Address (P.O. Box Number is Not Acceptable) 5631 Van Dyke Rd City Lutz FL Zip Code 33558			
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 		Steve Hedgren / Director		July 6, 2005 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D GOODIER, WILLIAM R.N. 1424 NE Expressway Atlanta, Georgia 30329	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Changed Title <input type="checkbox"/> Changed Address	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAULKNER, DONALD S. 1424 NE Expressway Atlanta, Georgia 30329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JEFFREY, DAVID 2543 ALPINE WAY DULUTH, GA 30096	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D FEENER, MAXWELL S. 1424 NE Expressway Atlanta, Georgia 30329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUPT, GARY 5631 Van Dyke Rd Lutz, Florida 33558	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Changed Address	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, CHARLES 1424 NE Expressway Atlanta, Georgia 30329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWYERS, PHILIP 1424 NE EXPRESSWAY ATLANTA, GA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHES, EVELYN 1424 NE Expressway Atlanta, Georgia 30329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D NEEDHAM, PHILIP D. 1424 NE Expressway Atlanta, Georgia 30329	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Changed Title	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. T/D MOTHERSHED, DAVID R. 1424 NE Expressway Atlanta, Georgia 30329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D WARD, HENRY ALFRED 1424 NE Expressway Atlanta, Georgia 30329	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Changed Title <input checked="" type="checkbox"/> Changed Name <input checked="" type="checkbox"/> Changed Address	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEDGREN, STEVE 5631 Van Dyke Rd. Lutz, FL 33558	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
C/D BASSETT, W. TODD & 615 Slaters Lane Alexandria, VA 22313					
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 617, 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 R.N. Goodier		JUL 7 2005 <small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>		404-728-1300	