


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90180 014 \*\*\*\*70.00

<b>DOCUMENT # N94000006282</b>		
1. Entity Name <b>BOOTH SERVICES, INC.</b>		

Principal Place of Business <b>1424 NE EXPRESSWAY ATLANTA, GA</b>	Mailing Address <b>1424 NE EXPRESSWAY ATLANTA, GA</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3342078</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HEDGREN, STEVE 5631 VAN DYKE RD LUTZ, FL 33558</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

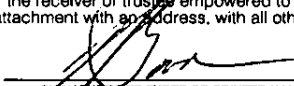
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOODIER, WILLIAM 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SENFT, JOANNE 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAULKNER, DONALD S 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHES, EVELYN 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUPT, GARY 5631 VAN DYKE RD LUTZ, FL 33558 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HOBGOOD, EDWARD D 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FEENER, MAXWELL S 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JEFFREY, DAVID VPD 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEEDHAM, PHILIP D 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HEDGREN, STEVE D 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WARD, AL H 1424 NE EXPRESS WAY ATLANTA, GA 30329 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN ISRAEL L. GAITHER 615 SLATERS LANE ALEXANDRIA VA 22313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition


12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Secretary/ Director** **04/03/2007** 404-728-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CONTINUED →

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ATTACHMENT

DOCUMENT # <b>N 94000006282</b>					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-3342078</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>HEDGREN, STEVEN</b> <b>5631 VAN DYKE RD</b> <b>LUTZ, FLORIDA 33558</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code             </div>		
NOTE: Spelling Correction					
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
(Make check payable to Florida Department of State)					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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<b>SIGNATURE:</b> _____		William R. N. Goodier, Secretary/Director    04/03/2007    404-728-1300			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date      Daytime Phone #</small>			