

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90088 033 ****70.00

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1. Entity Name
BOOTH SERVICES, INC.



Principal Place of Business
**1424 NE EXPRESSWAY
ATLANTA, GA**

Mailing Address
**1424 NE EXPRESSWAY
ATLANTA, GA**

40010017



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3342078

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEDGREN, STEVE
5631 VAN DYKE RD
LUTZ, FL 33558**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD GOODIER, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE NAME	D FAULKNER, DONALD S	<input type="checkbox"/> Delete
STREET ADDRESS	1424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE NAME	D HOBGOOD, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	11424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE NAME	VPD FEENER, MAXWELL S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE NAME	D HEDREN, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	1424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE NAME	TD WARD, AL H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1424 NE EXPRESS WAY	
CITY-ST-ZIP	ATLANTA, GA 30329	

TITLE NAME	CHAIRMAN / PRESIDENT FEENER, MAXWELL S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE NAME	MOTHERSHED, DAVID R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] **WILLIAM R. N. GOODIER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

04/10/2008

404-728-1300

Date

Daytime Phone #