

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90053 005 ***150.00

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1. Entity Name

GUIDED TUTORING OF GREATER ATLANTA, INC.



Principal Place of Business

**11205 ALPHARETTA HWY H-3
ROSWELL, GA 30076**

Mailing Address

**11205 ALPHARETTA HWY H-3
ROSWELL, GA 30076**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0697559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICHOLAS, RICHARD
7078 NW 67 TERRACE
PARKLAND, FL 33067**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NICHOLAS, RICHARD
STREET ADDRESS	7078 NW 67 TERRACE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D
NAME	NELMS, HELENE M
STREET ADDRESS	11205 ALPHARETTA HWY H-3
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	D
NAME	NICHOLAS, DIANNE
STREET ADDRESS	11205 ALPHARETTA HWY H-3
CITY-ST-ZIP	ROSWELL, GA 30076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

772 687 9443

Daytime Phone #