


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P15180  
 1. Entry Name  
 SOUTHERN CONSULTANT SERVICES, INC.



Principal Place of Business      Mailing Address  
 575 OLD NORCORSS RD      PO BOX 2127  
 STE H      LAWRENCEVILLE, GA 30045    US  
 LAWRENCEVILLE, GA 30045    US

**DO NOT WRITE IN THIS SPACE**



01082004    No Chg-P    CR2E034 (10/03)

4. FEI Number 58-1309324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  
 ROBBINS, S.A.  
 11100 S.W. 72 AVE  
 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000138021  
 04/29/04-80063-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C POTLOCK, BERNARD M. 5425 FONTENOY CT NW NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POTLOCK, ELAINE N. 5425 FONTENOY CT NW NORCROSS, GA 30071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POTLOCK, JAY M 434 TIMBERLY WAY LAWRENCEVILLE, GA 30045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jay M Potlock      Jay M Potlock      4-27-04      678-376-6124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #