

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2007 90165 032 ***150.00

40059443



03212007 Chg-P CR2E034 (12/06)

4. FEI Number **39-0490439** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MANN, ROBERT T**
STREET ADDRESS **3883 STEVE REYNOLDS BLVD.**
CITY-ST-ZIP **NORCROSS, GA 30093**

TITLE **VS** ☐ Delete
NAME **LETSON, MICHAEL**
STREET ADDRESS **3883 STEVE REYNOLDS BLVD**
CITY-ST-ZIP **NORCROSS, GA**

TITLE **S** ☐ Delete
NAME **LETSON, MICHAEL**
STREET ADDRESS **3883 STEVE REYNOLDS BLVD.**
CITY-ST-ZIP **NORCROSS, GA**

TITLE **TC** ☒ Delete
NAME **EVANS, WALLACE**
STREET ADDRESS **3883 STEVE REYNOLDS BLVD.**
CITY-ST-ZIP **NORCROSS, GA**

TITLE **D** ☐ Delete
NAME **MANN, ROBERT**
STREET ADDRESS **3883 STEVE REYNOLDS BLVD**
CITY-ST-ZIP **NORCROSS, GA 30093**

TITLE **D** ☐ Delete
NAME **RISKE, GORDON**
STREET ADDRESS **3883 STEVE REYNOLDS BLVD**
CITY-ST-ZIP **NORCROSS, GA 30093**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Kohlmeyer, William J.**
CITY-ST-ZIP **3883 Steve Reynolds Blvd**
Norcross, GA 30093

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Michael E. Letson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Letson
Executive V.P. & Secretary

March 21, 2007

Date

Daytime Phone #