


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P25189 1. Entity Name FAISON ATLANTA, INC.	
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Principal Place of Business 121 W TRADE ST SUITE 2550 CHARLOTTE, NC 28202 US	Mailing Address 121 W TRADE ST SUITE 2550 CHARLOTTE, NC 28202 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1407759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FAISON, HENRY J. 121 W. TRADE, STE 2550 CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NORWOOD, PHILIP W. 121 W. TRADE, STE 2550 CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALLEN S JACKSON JR 121 WEST TRADE, STE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FARMER, NANCY L 121 WEST TRADE, STE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS BILLIE, WHITAKER R 121 W TRADE STE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/19/04-80061-003 150.00

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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: <u>Nancy L. Farmer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>NANCY L. FARMER</u> <small>Daytime Phone #</small>	<u>4/5/2004</u> <small>Date</small>	<u>764-972-2500</u> <small>Daytime Phone #</small>
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