FILED Apr 22, 2005 8:00 am Secretary of State

ANNUAL REPORT	'N
	T

1. Entity Name	е	# P25433 SERVICES, INC.							04-22-		•	9 ***150	
Principal Place of Business 244 PERIMETER CENTER PARKWAY, NE ATLANTA, GA 30346 Mailing Address 244 PERIMETER CENTER PARKWAY, NE ATLANTA, GA 30346					R PAR	(WAY, NE		1 100 11 0-9 1.11	- - HEEL BION PH		i l Ptt 3 1 811 21 5 21	ıı Ö l e ii B y s ıı B (1	#17#### 11 P###
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02082005	Chg-	Р	CR2E0	34 (10/03)		
City & State	3			City & State				4. FEI Numb					pplied For ot Applicable
Zip		Country		Zip Count				5. Certificate		esired		\$8.75 Ad	ditional
	6. Name	and Address of Current	Regis	tered Agent		None		7. Name and	Address o	of New Re			
KINMAN, JOSEPH F JR % OGDEN & SULLIVAN, P.A.						Name Street Address (P.O. Box Number is Not Acceptable)							
113 SOUTI TAMPA, FL													
	·					City					FL	Zip Coo	ie
8. The above the obligation	named entity ons of registe	submits this statement for ered agent.	r the p	ourpose of changing its	register	ed office or	r register	ed agent, or bo	th, in the St	ate of Flori		l amiliar with	, and accept
SIGNATURE_	Signature, typed	or printed name of registered agent	and litle	if applicable. (NOTS	Registere	d Agont signati	ure required	when reinstating)			DATE		
File After Ma	E NOWIII ry 1, 2005	FEE IS \$150.00 5 Fee will be \$550.	00	9. Election Campai Trust Fund Conti	-			00 May Be ed to Fees					
10.	PDC	OFFICERS AND	DIREC		11.		IPD	ADDITIONS	/CHANGES	TO OFFIC	ERS AND		
TITLE NAME		, J. RIDLEY		Delete	TITU: Nam	E	Barb	ara Baur				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	ATLANTA	OKGATE WAY , GA					Atla:	Perimete nta, Geo			· ·		
TITLE . NAME	V BARLOW.	WILLIAM J		Delete	TITLE NAM		VD Davi	d A. Mag	ers			K Change	Addition
STREET ADDRESS CITY-ST-ZIP		EBROOK POINT			STRE		244	Perimete nta, Geo	r Cent	er Pa 30346		, N.E.	•
TITLE NAME	S CHAMRÎ E	E, WENDY M		Delete	TITLE		SD .	Истоп				Change	Addition
STREET ADDRESS CITY-ST-ZIP	1438 CUS				1		244	Harmon Perimete nta, Geo				, N.E.	
TITLE NAME	D SCOTT, H	APPVV		∑ Delete	TITLE		V	T: T				K Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1763 JOH	NSON FERRY RD. , GA 30319					244	iam J. E Perimete nta; Geo	r Cent			, N.E.	
TITLE NAME				☐ Delete	TITLE							☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP						et address -St-Zip							
TITLE				☐ Delete	TITLE							☐ Change	Addition
STREET ADDRESS CITY+ST-ZIP						E Et address •St-Zip							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fforida 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: William J. Barlow April 20, 2005 (770) 391-8600 BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone F													

Daylime Phone #