

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25637

FILED
Jan 21, 2005
Secretary of State

Entity Name: AFFORDABLE FIRE PROTECTION OF GEORGIA, INC.

Current Principal Place of Business:

4025 STEVE REYNOLDS BLVD.
SUITE 100
NORCROSS, GA 30093 US

New Principal Place of Business:

Current Mailing Address:

4025 STEVE REYNOLDS BLVD.
SUITE 100
NORCROSS, GA 30093 US

New Mailing Address:

FEI Number: 35-2159375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COREY, DONALD R.,
Address: 16702 SPINNAKER LANE
City-St-Zip: HUNTERVILLE, NC

Title: P () Delete
Name: CROSSWY, D. MILTON., JR.
Address: 3541 CASTLE HILL CT.
City-St-Zip: TUCKER, GA

Title: V () Delete
Name: BILL, HILL
Address: 18 SAINT GERMAINE PLACE
City-St-Zip: WINDER, GA

Title: S () Delete
Name: KENNINGTON, KAROL
Address: 209 APALACHEE CHURCH ROAD
City-St-Zip: AUBURN, GA 30011

Title: V () Delete
Name: MACKEY, DONALD
Address: 4025 STEVE REYNOLDS BLVD
City-St-Zip: NORCROSS, GA 30093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAROL KENNINGTON

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01/21/2005

Electronic Signature of Signing Officer or Director

Date