


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P28087
 1. Entity Name
JAMESTOWN MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
ONE OVERTON PARK, 12TH FLOOR **ONE OVERTON PARK, 12TH FLOOR**
3625 CUMBERLAND BLVD **3625 CUMBERLAND BLVD**
ATLANTA, GA 30339 US **ATLANTA, GA 30339 US**

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
58-1745153 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSER, JOHN W 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRONFMAN, MATT 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIPE, WILLIAM G JR. 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KAHL, CHRISTOPH A. 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZOUKIS, STEPHEN J 3625 CUMBERLAND BLVD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACKEMANN, JEFFREY C 3625 CUMBERLAND BLVD ATLANTA, GA 30339

00000239402
 02/22/05-80043-011 150.00

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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: Jeffrey C. Ackemann, President 2/15/05 (770) 805-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #