2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P30561

1. Entity Name
BARRETT, WOODYARD & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3495 HOLCOMB BRIDGE RD NORCROSS, GA 30092 US	3495 HOLCOMB BRIDGE RD NORCROSS, GA 30092-3119 US

02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1729085

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORMAN, CLIFFORD
800 SOUTH ANDREWS AVE
STE 202
FORT LAUDERDALE, FL 33316-1034

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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 _____
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

U00000642976
03/01/07-80065-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	BARRETT, MICHAEL S.
STREET ADDRESS	3495 HOLCOMB BRIDGE RD
CITY-ST-ZIP	NARCROSS, GA
TITLE	VCV
NAME	WOODYARD, CHARLES L
STREET ADDRESS	3495 HOLCOMB BRIDGE RD
CITY-ST-ZIP	NORCROSS, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 S. Barrett) 2/16/07 770810-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #