


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P31188		
1. Entity Name ATLANTA BELTING COMPANY		
Principal Place of Business C/O ERNEST D. KEY, JR. 560 EDGEWOOD AVE., NORTHEAST ATLANTA, GA 30312	Mailing Address C/O ERNEST D. KEY, JR. 560 EDGEWOOD AVE., NORTHEAST ATLANTA, GA 30312	



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0145290	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARGO, JAMES L
11398 SPACE BLVD.
ORLANDO, FL 32837

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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	C
NAME	KEY, ERNEST D., JR.
STREET ADDRESS	560 EDGEWOOD AVE., N.E.
CITY-ST-ZIP	ATLANTA, GA
TITLE	V
NAME	KEY, TERESA M
STREET ADDRESS	560 EDGEWOOD AVENUE, NE
CITY-ST-ZIP	ATLANTA, GA
TITLE	S
NAME	KEY, TERESA M
STREET ADDRESS	560 EDGEWOOD AVE., N.E.
CITY-ST-ZIP	ATLANTA, GA
TITLE	D
NAME	BEARD, JAMES L.
STREET ADDRESS	560 EDGEWOOD AVE., N.E.
CITY-ST-ZIP	ATLANTA, GA
TITLE	D
NAME	BREEN, WILLIAM H., HR.
STREET ADDRESS	108 E. PONCE DE LEON AVE
CITY-ST-ZIP	DECATUR, GA
TITLE	D
NAME	MAIER, FRANK, JR.
STREET ADDRESS	3225 PEACHTREE ROAD
CITY-ST-ZIP	ATLANTA, GA

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04/20/05-80079-001 300.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *TERESA M. KEY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 March 2005 188 0985
Date Daytime Phone #