

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P33697**

1. Entity Name

JOHN WIELAND HOMES AND NEIGHBORHOODS, INC.



Principal Place of Business

1950 SULLIVAN RD.  
ATLANTA, GA 30337

Mailing Address

1950 SULLIVAN RD.  
ATLANTA, GA 30337



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1206893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, ADAM  
6656 COLUMBIA PARK DRIVE  
JACKSONVILLE, FL 32258

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	WIELAND, JOHN F
STREET ADDRESS	1950 SULLIVAN RD.
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	P
NAME	PRICE, ERIC
STREET ADDRESS	1950 SULLIVAN RD
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	V
NAME	BACON, RICHARD A
STREET ADDRESS	1950 SULLIVAN RD.
CITY-ST-ZIP	ATLANTA, GA
TITLE	S
NAME	WIELAND, SUSAN W
STREET ADDRESS	1950 SULLIVAN RD
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	AS
NAME	ANDERSON, ADAM
STREET ADDRESS	1950 SULLIVAN RD
CITY-ST-ZIP	ATLANTA, GA 30337
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000856502  
03/28/08-80014-020-150.00

**DO NOT WRITE  
IN THIS SPACE**

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 fees empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 770-703-2205  
Date Daytime Phone #

RICHARD A BACON