2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33697

FILED Mar 31, 2009 Secretary of State

Entity Na	me: JOHN W	ELAND HOMES AND NEIGH	HBORHOO	DS, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
1950 SULLIVAN RD. ATLANTA, GA 30337				4125 ATLANTA ROAD SMYRNA, GA 30080				
Current Mailing Address:				New Mailing Address:				
1950 SULLIVAN RD. ATLANTA, GA 30337				4125 ATLANTA ROAD SMYRNA, GA 30080				
FEI Number	: 58-1206893	FEI Number Applied For()	FEI Num	ber Not Appl	icable ()	Certifica	ate of Status Desired	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	ON, ADAM UMBIA PARK I IVILLE, FL 322							
	named entity : e of Florida.	submits this statement for the	purpose of	changing it	ts registered	office or r	registered agent,	or both,
SIGNATUI	RE:							
	Electror	ic Signature of Registered A	gent				Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	C () WIELAND, JOH 1950 SULLIVAI ATLANTA, GA	NRD.		Title: Name: Address: City-St-Zip:	TREA (WIELAND, JO 4125 ATLANT SMYRNA, GA	'A ROAD	()Addition	
Title: Name: Address: City-St-Zip:	P () PRICE, ERIC 1950 SULLIVAI ATLANTA, GA			Title: Name: Address: City-St-Zip:	PRES (PRICE, ERIC 4125 ATLANT SMYRNA, GA	A ROAD	() Addition	
Title: Name: Address: City-St-Zip:	V () BACON, RICHA 1950 SULLIVAI ATLANTA, GA			Title: Name: Address: City-St-Zip:	VP (BACON, RICH 4125 ATLANT SMYRNA, GA	ARD A A ROAD	() Addition	
Title:	s ()	Delete		Title:	SEC (X) Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

WIELAND, SUSAN W

4125 ATLANTA ROAD

SMYRNA, GA 30080

ANDERSON, ADAM

4125 ATLANTA ROAD

SMYRNA, GA 30080

(X) Change () Addition

SIGNATURE: RICHARD A. BACON VΡ 03/31/2009

WIELAND, SÚSAN W

1950 SULLIVAN RD

ATLANTA, GA 30337

ANDERSON, ADAM

1950 SULLIVAN RD

ATLANTA, GA 30337

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip: