

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P37835**

1. Entity Name  
**FORTUNE - JOHNSON, INC.**



Principal Place of Business

**3988 FLOWERS RD  
STE 600  
ATLANTA, GE 30360 US**

Mailing Address

**3988 FLOWERS RD  
STE 600  
ATLANTA, GE 30360 US**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1948797**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALLDIN, KATHY  
915 OLD ENGLAND AVE  
WINTER PARK, FL 32789**

**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, 2004 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  
**CP  
JOHNSON, H. LEE  
1750 PROVIDENCE FARM LANE  
ALPHARETTA, GA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCV  
FORTUNE, J. BRETT  
9530 RED BIRD LA.  
ALPHARETTA, GA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BENNETT, LARRY  
2889 BAKERS FARM  
ATLANTA, GA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS  
FORTUNE, J. BRETT  
9530 RED BIRD LA.  
ALPHARETTA, GA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CRAIG, KAREN  
7515 BROOKSTEAD CIRCLE  
DULUTH, GA 30097**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000080217  
03/08/04-80099-019 150.00

**DO NOT WRITE  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04

Date

770-458-5899

Daytime Phone #