2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P38756

1. Entity Name
ATLANTA DESIGN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3095 PRESIDENTIAL DR STE A ATLANTA, GA 30340 US	3095 PRESIDENTIAL DR STE A ATLANTA, GA 30340 US

DO NOT WRITE IN THIS SPACE

03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1722942

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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: _____ 3-4-04
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

000000085675
03/11/04-80057-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	KIRKUS, GARY
STREET ADDRESS	3095-A PRSDIENTIAL DR
CITY-ST-ZIP	ATLANTA, GA
TITLE	VCV
NAME	LOWERY, GARY
STREET ADDRESS	3095-A PRESIDENTIAL DR
CITY-ST-ZIP	ATLANTA, GA
TITLE	ST
NAME	KIRKUS, PATRICIA
STREET ADDRESS	3095--A PRESIDENTIAL DR
CITY-ST-ZIP	ATLANTA, GA
TITLE	D
NAME	STILL, DON
STREET ADDRESS	3095-A PRESIDENTIAL DR
CITY-ST-ZIP	ATLANTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ 3-4-04 7704518383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #