

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000082454

1. Entity Name

TECHNICAL ANSWER GROUP, INC.



FILED
Jan 30, 2004 08:00 AM
Secretary of State

Principal Place of Business
736 JOHNSON FERRY ROAD
STE 250
MARIETTA GA 30068
US

Mailing Address
736 JOHNSON FERRY ROAD
STE 250
MARIETTA GA 30068
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3275853

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCILRATH, JAMES W.
301 EAST PINE STREET
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CARPENTER, RICHARD
736 JOHNSON FERRY ROAD #250
MARIETTA GA 30068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000021860
01/30/04-80021-024 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MCILRATH, JAMES
301 EAST PINE ST; SUITE 1400
ORLANDO FL 32801 ☐ Delete

TITLE
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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:

Richard Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

770-545-8445

Date

Daytime Phone #