


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90004 005 \*\*\*150.00

**DOCUMENT # P94000089897**

1. Entity Name  
**HIGH TOUCH-HIGH TECH OF GREATER ATLANTA, INC.**



Principal Place of Business      Mailing Address  
**12352 WILES ROAD**      **12352 WILES ROAD**  
**CORAL SPRINGS FL 33076**      **CORAL SPRINGS FL 33076**

*Please change to above ADDRESS*



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
*11205 Alpharetta Hwy*      *11205 Alpharetta Hwy*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Suite H-3*      *Suite H-3*

City & State      City & State  
*Roswell, Ga*      *Roswell, Ga*

Zip      Country      Zip      Country  
*33076*      *ROSWELL*      *30076*      *Roswell*

4. FEI Number      Applied For  
**65-0554037**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**IACHETTA, RICHARD**  
**7078 NW 67 TERRACE**  
**PARKLAND FL 33067**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	PS	<input type="checkbox"/> Delete
NAME	IACHETTA, RICHARD N	
STREET ADDRESS	7078 NW 67 TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	V	<input type="checkbox"/> Delete
NAME	IACHETTA, HELENE M	
STREET ADDRESS	2605 GRIST MILL RD	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	T	<input type="checkbox"/> Delete
NAME	IACHETTA, DIANNE L	
STREET ADDRESS	170 ALLMOND LANE	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Richard N. Iachetta*      *2/8/04*      *770-667-9443*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #