

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90176 010 ***150.00



DOCUMENT # P94000089897
 1. Entity Name
HIGH TOUCH-HIGH TECH OF GREATER ATLANTA, INC.

Principal Place of Business Mailing Address
11205 ALPHARETHA HWY **11205 ALPHARETHA HWY**
ROSWELL GA 33076 **ROSWELL GA 33076**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IACHETTA, RICHARD *same person*
7078 NW 67 TERRACE *NAME change only*
PARKLAND FL 33067

Name **RICHARD NICHOLAS**
 Street Address (P.O. Box Number is Not Acceptable)
7078 N.W. 67 TERRACE
 City **Parkland FL** FL Zip Code **33067**

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 *Richard Nicholas* 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** Delete
 NAME **IACHETTA, RICHARD N** *same person*
 STREET ADDRESS **7078 NW 67 TERRACE**
 CITY-ST-ZIP **PARKLAND FL 33067** *NAME change only*

TITLE **RS.** Change Addition
 NAME **RICHARD NICHOLAS**
 STREET ADDRESS **7078 N.W. 67 TERRACE**
 CITY-ST-ZIP **PARKLAND FL 33067**

TITLE **V** Delete
 NAME **IACHETTA, HELENE M**
 STREET ADDRESS **2605 GRIST MILL RD**
 CITY-ST-ZIP **MARIETTA GA 30068**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **IACHETTA, DIANNE L** *same person*
 STREET ADDRESS **170 ALLMOND LANE** *NAME change only*
 CITY-ST-ZIP **ALPHARETTA GA 30004**

TITLE **+** Change Addition
 NAME **DIANNE NICHOLAS**
 STREET ADDRESS **170 ALLMOND LANE**
 CITY-ST-ZIP **ALPHARETTA, GA 30004**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 Nicholas* **Richard Nicholas** *Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 3/1/05 770 687 9443