2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000108851

1. Entity Name
CITADEL GROUP, INC.

Principal Place of Business	Mailing Address
245 PERIMETER CENTER PKWY SUITE 600 ATLANTA, GA 30346	245 PERIMETER CENTER PKWY SUITE 600 ATLANTA, GA 30346

07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3485176
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, DALE
%CT. 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 _____ 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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANNA, DAVID G
STREET ADDRESS	245 PERIMETER CENTER PKWY,STE 600
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	VD
NAME	HOUSE, RICHARD R JR.
STREET ADDRESS	245 PERIMETER CENTER PKWY,STE 600
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	V
NAME	WHITEHEAD, J.PAUL III
STREET ADDRESS	245 PERIMETER CENTER PKWY,STE 600
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	V
NAME	GILBERT, RICHARD W
STREET ADDRESS	245 PERIMETER CENTER PKWY,STE 600
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	S
NAME	DRAKEFORD, ROSALIND
STREET ADDRESS	245 PERIMETER CENTER PKWY,STE 600
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07722704-80003-004 150.00

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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)(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: Rosalind T. Drakeford 7-19-2004 770 206 6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #