2004 FOR PROFIT CORPORATION

ANNUAL REPORT						FILED				
DOCUMENT # P9900008098 1. Entity Name CAPITAL CENTER MANAGEMENT, INC.							PR 29 PM METANY OF S WHASSEE, FLO			
Principal Plac 506 45TH SI SUITE B-5 COLUMBUS,	TREET	Mailing Address 506 45TH STREET SUITE B-5 COLUMBUS, GA 31904							i d i 41 i i i i	
	lace of Business mchester Exway #, stc.	3. Mailing Address 506 manchester Exway Suite, Apt. #, etc.			,					
<u>B.5</u>		B-5			02192004	Chg-P	CHZEO	34 (10/03)		
	mbus, GA	City & State Columbus, GA Zip Country				4. FEI Number 58-242			Not	plied For Applicable
3190	- Country	31904	Count	у	5. Certificate		of Status Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Current F	Registered Agent		At		7. Name and	Address of New F	Registered A	gent	
CAPITAL CONNECTION, INC.										
417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283				Street A	ddress (F	<u> </u>	er is Not Acceptable	5562	. 55	
						05/08	3/0401019	9012	**250.	00
				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) OATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								ì		
10 _{rs}	OFFICERS AND E	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE	DV	☐ Delete	TITLE				•		Change	Addition
NAME STREET ADDRESS	COST, KENT 506 45TH STREET, SUITE B-5		NAME STREE	T ADDRESS	50 G	manel	roster Ex	11.06 St.	Ste B	-5
CITY-ST-ZIP	COLUMBUS, GA 31904		CITY-	ST-ZIP		. ,	-0.6. 6			
TITLE	DP CULBRETH, RONNIE	☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	506 45TH STREET, SUITE B-5			T ADDRESS	506 N	Manchester 1	Exway B-5			
CITY-ST-ZIP	COLUMBUS, GA 31904		CITY-S	ST-ZIP			<u>.</u>		<u> </u>	
TITLE NAME	DS REDDING, MELTON	Delete	TITLE						C hange	Addition
STREET ADDRESS	506 45TH STREET, SUITE B-5		- "	T ADORESS	506 N	Manchester	Exway B-5			
CITY-ST-ZIP	COLUMBUS, GA 31904		_	ST-ZIP	ļ					
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TITLE NAME		☐ Delete	TITLE NAME						☐ Change	Addition
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		15.1. PH		ST-ZIP		-4: 110 07(0)	(i) Elevisia Chahutaa	I fe estimate a second	if that the in	Jasmatian
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 finite at other like empowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date District Phone 9										
	GIGHATURE AND STRED OR P	THE PERSON STREET	UITEU I				DBIO	U		E .