

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90076 033 ***150.00

DOCUMENT # S45411

1. Entity Name

COPIES TOMORROW OF GEORGIA, INC.



Principal Place of Business

6020-A DAWSON BLVD
STE G
NORCROSS GA 30093
US

Mailing Address

P.O. BOX 18807
~~STE G~~
SARASOTA FL 34276
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0268155

Applied For

Not Applicable

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

CHRISTIENSEN & DEHNER, P. A.
63 SARASOTA CENTER BLVD
STE 107
SARASOTA FL 34240

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	P	<input checked="" type="checkbox"/> Delete
NAME	YEAGER, WILLIAM	
STREET ADDRESS	6114 APPROACH LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARTNETT, JOHN	
STREET ADDRESS	PO BOX 359	
CITY-ST-ZIP	BROADALBIN NY 12025-9998	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS JOSEPH	
STREET ADDRESS	333 BLACKBERRY LANE	
CITY-ST-ZIP	AUBURN GA	
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		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTA J. YEAGER	
STREET ADDRESS	6114 APPROACH LN.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTNETT, JOHN	
STREET ADDRESS	P.O. BOX 359	
CITY-ST-ZIP	Ghent, NY 12075	
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:

Alberta J. Yeager ALBERTA J. YEAGER

4/19/04

(941) 924-8231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #