

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90103 049 \*\*\*150.00



DOCUMENT # 597036  
 1. Entity Name  
 ABC CUTTING CONTRACTORS OF ATLANTA, INC.

Principal Place of Business  
 2001 ANDREWS AVENUE  
 POMPANO BEACH FL 33069

Mailing Address  
 2001 ANDREWS AVENUE  
 POMPANO BEACH FL 33069

2. Principal Place of Business  
 4864 Clark Howell Hwy  
 Suite, Apt. #, etc.

3. Mailing Address  
 4864 Clark Howell Hwy  
 Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State  
 College Park GA

City & State  
 College Park GA

Zip  
 30349

Country  
 USA

Zip  
 30349

Country  
 USA

4. FEI Number 59-1732467  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 LAVIN, ANDY  
 2699 STIRLING RD  
 SUITE 100  
 FORT LAUDERDALE FL 33312

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOY, LARRY W. 2001 ANDREWS AVENUE POMPANO BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCOY, FAITH 2001 ANDREWS AVENUE POMPANO BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOY, TERRY 2001 ANDREWS AVENUE POMPANO BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McCoy, Terry 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STORM, DENNIS 4864 Clark Howell Hwy College Park, GA 30349 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, SANDRA 4864 Clark Howell Hwy College Park, GA 30349 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Chauncey-lance, Kellie 4864 Clark Howell Hwy College Park GA 30349 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: \_\_\_\_\_ V.P. Date: 2/8/05 Daytime Phone: 404-768-0965 ext 102