


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 597036</b> 1. Entity Name <b>ABC CUTTING CONTRACTORS OF ATLANTA, INC.</b>	
---	---

Principal Place of Business <b>4864 CLARK HOWELL HWY ATLANTA GA 30349</b>	Mailing Address <b>4864 CLARK HOWELL HWY ATLANTA GA 30349</b>
--	--



2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-1732467</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E034 (10/05)

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

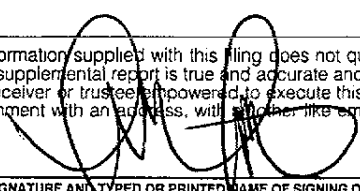
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	V STORM, DENNIS	<input type="checkbox"/>
STREET ADDRESS	4864 CLARK HOWELL HWY	
CITY-ST-ZIP	COLLEGE PARK GA 30349	
TITLE	S FULLER, SANDRA	<input type="checkbox"/>
STREET ADDRESS	4864 CLARK HOWELL HWY	
CITY-ST-ZIP	COLLEGE PARK GA 30349	
TITLE	PD MCCOY, TERRY	<input type="checkbox"/>
STREET ADDRESS	4864 CLARK HOWELL HWY	
CITY-ST-ZIP	COLLEGE PARK GA 30349	
TITLE	T CHAUNEY-LANCE, KELLIE	<input type="checkbox"/>
STREET ADDRESS	4864 CLARK HOWELL HWY	
CITY-ST-ZIP	COLLEGE PARK GA 30349	
TITLE		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/>	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 which I am empowered.

**SIGNATURE:**  **DENNIS STORM** 404-1-20-06 768-0965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #