


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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



| | |
|---|---|
| Principal Place of Business 4864 CLARK HOWELL HWY ATLANTA, GA 30349 | Mailing Address 4864 CLARK HOWELL HWY ATLANTA, GA 30349 |
|---|---|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1732467 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LAVIN, ANDY
 2699 STIRLING RD
 SUITE 100
 FORT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

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

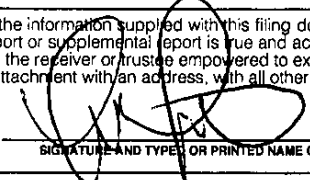
UD00000591600
 01/19/07-80028-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STORM, DENNIS 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FULLER, SANDRA 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCOY, TERRY 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHAUNEEY-LANCE, KELLIE 4864 CLARK HOWELL HWY COLLEGE PARK, GA 30349 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE:  **V. Pres.** 1/15/07 404-768-0965
 SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #