


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90277 029 ***150.00

DOCUMENT # 818221

1. Entity Name
KECK & WOOD, INC.



Principal Place of Business
**2425 COMMERCE AVE.
BLDG. 2100 STE. 300
DULUTH GA 30096**

Mailing Address
**2425 COMMERCE AVE.
BLDG. 2100 STE. 300
DULUTH GA 30096**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**CORBIN, P R
731 MAY ST
JACKSONVILLE FL 32204**

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, 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

TITLE	V	<input type="checkbox"/> Delete
NAME	MOFFITT, MICHAEL J.	
STREET ADDRESS	3345 HIGHLAND PINE DR.	
CITY-ST-ZIP	DULUTH GA	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HULSEY, J R	
STREET ADDRESS	611 ASHTON MANOR DR	
CITY-ST-ZIP	LOGANVILLE GA 30052	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	CORBIN JR, C C	
STREET ADDRESS	3247 OLDE DEKALB WAY	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STANLEY JR, J B	
STREET ADDRESS	135 S ROBERST DR	
CITY-ST-ZIP	SUGAR HILL, GA 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENZ, D D	
STREET ADDRESS	582 OLD MILL CT	
CITY-ST-ZIP	NORCROSS, GA 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moffitt, Michael J.	
STREET ADDRESS	2237 Tallapoosa Dr.	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL L. RAY	
STREET ADDRESS	5533 AMBER COVE WAY, FLOWERY BRANCH, GA	
CITY-ST-ZIP	30542	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benz, D D	
STREET ADDRESS	211 Chad Lane	
CITY-ST-ZIP	Loganville, GA 30052	
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: Cheryl L. Ray Cheryl L. Ray 4/6/04 678-417-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #