


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 045 ***150.00

| | | | |
|---|----------------|---|----------------|
| DOCUMENT # F00000006374 | |  | |
| 1. Entity Name GANAWAY CONTRACTING COMPANY | | | |
| Principal Place of Business 515 CROSSVILLE ROAD, STE. 250 ROSWELL, GA 30075 | | Mailing Address 515 CROSSVILLE ROAD, STE. 250 ROSWELL, GA 30075 | |
| 2. Principal Place of Business - No P.O. Box # 515 El Crossville Rd. | | 3. Mailing Address 515 El Crossville Rd. | |
| Suite, Apt. #, etc. Ste. 250 | | Suite, Apt. #, etc. Ste. 250 | |
| City & State Roswell, GA | | City & State Roswell, GA | |
| Zip 30075 | Country USA | Zip 30075 | Country USA |



07052007 Chg-P CR2E034 (12/06)

4. FEI Number
58-1913186

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 | |
| NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | | 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 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NADERHOFF, ROBERT D 1700 SPINNAKER DRIVE ALPHARETTA, GA 30005 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Vicki L. Whitehead CONTROLLER 7/6/07 770-650-7722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vicki L. Whitehead
 Date: 7/6/07 EXT 102