


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90100 006 \*\*\*150.00

DOCUMENT # F00000000673 1. Entity Name SUNBELT MARKETING INVESTMENT CORP.	
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Principal Place of Business 3255 S. SWEETWATER RD LITHIA SPRINGS, GA 30122	Mailing Address 3255 S. SWEETWATER RD LITHIA SPRINGS, GA 30122
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**DO NOT WRITE IN THIS SPACE**



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1259105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GILLFILLAN, JOHN S 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENEFFEE, THOMAS M 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PRAGER, KENNETH 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCROGGIN, JOHN J 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLFILLAN, SIEGLINDE K 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENEFFEE, PAMELA 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122

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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: *John S Gillfillan* 3-1-06 (770) 739-3740  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #