

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005941 1. Entity Name PROFESSIONAL DRIVERS OF GEORGIA, INC.		
Principal Place of Business 1040 CROWN POINTE PARKWAY, SUITE 1040 ATLANTA, GA 30338	Mailing Address 1040 CROWN POINTE PARKWAY, SUITE 1040 ATLANTA, GA 30338	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BICKES, THOMAS A 1040 CROWN POINTE PARKWAY, SUITE 1040 ATLANTA, GA 30338	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD LONG, MICHAEL D 1040 CROWN POINTE PARKWAY, SUITE 1040 ATLANTA, GA 30338	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST POOLE, SHAWN W 1040 CROWN POINTE PARKWAY, SUITE 1040 ATLANTA, GA 30338	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD CRAVEY, RICHARD L JR. 12 PIEDMONT CENTER, SUITE 210 ATLANTA, GA 30305	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD PETTYJOHN, STAYTON 1040 CROWN POINTE PARKWAY, SUITE 1040 ATLANTA, GA 30338	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TIDMORE, DONI 1040 CROWN POINTE PARKWAY SUITE 1040 ATLANTA, GA 30338	
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: <u>Doni L. Tidmore</u> <u>1/13/04</u> <u>770-671-1900</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2575346	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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01/15/04-80007-002 150.00

**DO NOT WRITE
IN THIS SPACE**