2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000005941

1. Entity Name
PROFESSIONAL DRIVERS OF GEORGIA, INC.

Principal Place of Business	Mailing Address
1040 CROWN POINTE PARKWAY, SUITE 1040 ATLANTA, GA 30338	1040 CROWN POINTE PARKWAY, SUITE 1040 ATLANTA, GA 30338

DO NOT WRITE IN THIS SPACE

01272005 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

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 _____
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BICKES, THOMAS A
STREET ADDRESS	1040 CROWN POINTE PARKWAY, SUITE 1040
CITY-ST-ZIP	ATLANTA, GA 30338
TITLE	VCD
NAME	LONG, MICHAEL D
STREET ADDRESS	1040 CROWN POINTE PARKWAY, SUITE 1040
CITY-ST-ZIP	ATLANTA, GA 30338
TITLE	ST
NAME	POOLE, SHAWN W
STREET ADDRESS	1040 CROWN POINTE PARKWAY, SUITE 1040
CITY-ST-ZIP	ATLANTA, GA 30338
TITLE	ASD
NAME	CRAVEY, RICHARD L JR.
STREET ADDRESS	12 PIEDMONT CENTER, SUITE 210
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	ASD
NAME	PETTYJOHN, STAYTON
STREET ADDRESS	1040 CROWN POINTE PARKWAY, SUITE 1040
CITY-ST-ZIP	ATLANTA, GA 30338
TITLE	T
NAME	TIDMORE, DONI
STREET ADDRESS	1040 CROWN POINTE PARKWAY SUITE 1040
CITY-ST-ZIP	ATLANTA, GA 30338

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02/21/05-80059-005 150.00

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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: Doni Tidmore 2/15/05 678-443-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #