

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90006 020 ***150.00

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01052007 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2575346	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BICKES, THOMAS A		NAME		
STREET ADDRESS	1040 CROWN POINTE PARKWAY, SUITE 1040		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LONG, MICHAEL D		NAME	SECRETARY SHARON GREENBAUM	
STREET ADDRESS	1040 CROWN POINTE PARKWAY, SUITE 1040		STREET ADDRESS	1040 CROWN POINTE PARKWAY SUITE 1040	
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POOLE, SHAWN W		NAME		
STREET ADDRESS	1040 CROWN POINTE PARKWAY, SUITE 1040		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CRAVEY, RICHARD L JR.		NAME	VICE PRESIDENT CHRIS PORRIS	
STREET ADDRESS	12 PIEDMONT CENTER, SUITE 210		STREET ADDRESS	1040 CROWN POINTE PARKWAY SUITE 1040	
CITY-ST-ZIP	ATLANTA, GA 30305		CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETTYJOHN, STAYTON		NAME		
STREET ADDRESS	1040 CROWN POINTE PARKWAY, SUITE 1040		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIDMORE, DONI		NAME		
STREET ADDRESS	1040 CROWN POINTE PARKWAY SUITE 1040		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
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: <u><i>Doni Tidmore</i></u>			Date: <u>1/16/07</u> Daytime Phone #: <u>770-671-1900</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		