


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90197 010 \*\*\*150.00

DOCUMENT # F06000006760			
1. Entity Name MTR OF GEORGIA, INC.			
Principal Place of Business 105 5TH AVE. W. SUITE103 SPRINGFIELD, TN 37172		Mailing Address 105 5TH AVE. W. SUITE 103 SPRINGFIELD, TN 37172	
2. Principal Place of Business - No P.O. Box # <b>6185 COCKRILL BEND CIR.</b>		3. Mailing Address <b>6185 COCKRILL BEND CIR.</b>	
Suite, Apt. #, etc. <b>STE B</b>		Suite, Apt. #, etc. <b>STE B</b>	
City & State <b>NASHVILLE, TN</b>		City & State <b>NASHVILLE, TN</b>	
Zip <b>37209</b>	Country <b>USA</b>	Zip <b>37209</b>	Country <b>USA</b>
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 <b>FL</b> 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 re-electing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, THOMAS A 105 5TH AVENUE WEST SPRINGFIELD, TN 37172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID LIGAN 6185 COCKRILL BEND CIRCLE NASHVILLE, TN 37209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONE, CHARLES W 511 UNION STREET #1600 NASHVILLE, TN 37219 <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	D ALEXANDER, GERARD C 4800 FOISE DRIVE METAIRIE, MS 70006 <input checked="" 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	D HENICAN, JOSEPH P III 6029 PRYTANIA STREET NEW ORLEANS, LA 70118 <input checked="" 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	D GRIFFITH, THOMAS 519 RANDOLPH AVENUE HUNTSVILLE, AL 35801 <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	D MAUST, MARK T 12408 WYOMING AVENUE SOUTH SAVAGE, MN 55378 <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 807, 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>R. Steven Chadwell</u>		R. STEVEN CHADWELL 4/29/08 615.354.8874	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	