

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90344 046 ***150.00

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1. Entity Name
GEORGIA CASUALTY & SURETY COMPANY



Principal Place of Business
**4370 PEACHTREE RD., N.E.
ATLANTA, GA 30319**

Mailing Address
**PO BOX 105480
ATLANTA, GA 30348 US**

00000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number
58-0537066

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKEY, GARY
1661 SANDSPUR RD
MAITLAND, FL 32751-6134**

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/C ☐ Delete
NAME ROBINSON, JESSE MACK
STREET ADDRESS 4370 PEACHTREE RD., N.E.
CITY-ST-ZIP ATLANTA, GA 30319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOWELL, HILTON H JR
STREET ADDRESS 4370 PEACHTREE RD., N.E.
CITY-ST-ZIP ATLANTA, GA 30319

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **HOWELL, HILTON H JR**
CITY-ST-ZIP **4370 Peachtree RD, NE ATLANTA, GA 30319**

TITLE DP ☒ Delete
NAME KITCHEN, ROBERT J
STREET ADDRESS 4370 PEACHTREE RD., N.E.
CITY-ST-ZIP ATLANTA, GA 30319

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **SAMPLE JOHN G. JR**
CITY-ST-ZIP **4370 PEACHTREE RD, NE ATLANTA, GA 30319**

TITLE D ☐ Delete
NAME CHOATE, EUGENE
STREET ADDRESS 4370 PEACHTREE RD., N.E.
CITY-ST-ZIP ATLANTA, GA 30319

TITLE ☐ Change ☒ Addition
NAME **ST**
STREET ADDRESS **HICKEY EVELYN R.**
CITY-ST-ZIP **4370 PEACHTREE RD NE ATLANTA, GA 30319**

TITLE V ☐ Delete
NAME DUGGINS, JANICE C
STREET ADDRESS 4370 PEACHTREE RD NE
CITY-ST-ZIP ATLANTA, GA 30319

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **STUFFLET CRAIG**
CITY-ST-ZIP **4370 PEACHTREE RD, NE ATLANTA, GA 30319**

TITLE VP ☐ Delete
NAME MARSHBURN, PATRICIA J
STREET ADDRESS 4370 PEACHTREE RD NE
CITY-ST-ZIP ATLANTA, GA 30319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/2006