## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 25, 2007 8:00 am Secretary of State

								04-25-2007 9	0.51000	, ************************************	(1()	
DOCUMENT # 809705  1. Entity Name GEORGIA CASUALTY & SURETY COMPANY								04-2 <i>3-</i> 2007	0 <u>2</u> 13 00.	. 300.	00	
Principal Place of Business Mailing Address												
			PO BOX 105480			1		Ö	00401	100		
4370 PEACHTREE RD., N.E. ATLANTA, GA 30319			ATLANTA, GA 30348 US				66010766					
7416741	n, un 30313		michin, on	00010 05								
2. Princi	ipal Place of Busin	iess - No P.O. Box #	3. Mailing Address									
<u> </u>	- <del></del>		Colina Arthur da									
Suite,	Apt. #, etc.		Suite, Apt. #, etc.				04182007	Chg-P	CR2E0	34 (12/06)		
City	State		City & State				4. FEI Numbe	r		I IAn	plied For	
City o	Sidle		City & State			58-0537066 Not Applicable						
Zip Country			Zip	ntry					\$8.75 Add			
	2.5				,	5. Certificate of Status Desi				Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
						Name						
BURKEY, GARY						Street Address (P.O. Box Number is Not Acceptable)						
1661 SANDSPUR RD						101955 (F	.O. Box Numbe	i is Not Acceptable	7)			
MAITLAND, FL 32751-6134									-			
						City Zip Cod						
						City FL Zip Code					3	
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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.											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												
	ru é Manan	FFF 10 #450 00	9. Election	n Campaign Fina	ncina	\$5.1	00 May Be					
Afte	or May 1, 200	FEE IS \$150.00 7 Fee will be \$550		Adde	d to Fees				,			
			<u> </u>				N PRO TION O			SISSOTOS		
10.	D/C	OFFICERS AND		11.			ADDITIONS/	CHANGES TO OFF	ICERS AND			
TITLE	1	ON, JESSE MACK	□ De	elete TITL NAM						Change	Addition	
STREET ADD		ACHTREE RD., N.E.					ADDRESS					
CITY-ST-Z	,			_ ·	r-ST-ZIP	ST-ZIP						
TITLE	DP			lete TITL	F	D				Change	Addition	
NAME	-	HILTON H JR	Ue	NAM.		HALL	P11 141	I TON H	T.	/- Simonyo	- House	
STREET ADI	ŀ	ACHTREE RD., N.E.			EET ADDRESS	1/00-	o done	LTON H.	ستدارا			
CITY-ST-Z	IP ATLANTA	A, GA 30319		CIT	Y-ST-ZIP							
HILE	D		□ De	elete TIII	.E	''A	<u> </u>	<u>GA 30</u>	2//	Change	Addition	
NAME	SAMPLE	, JR, JOHN G		NAM	AE	mor	R15 DI	4 N P			~	
STREET ADI	· · · · · · · · · · · · · · · · · · ·			STR	EET ADDRESS	43	70 PEAC	ANE NTREE 1	RD NE	<i>-</i>		
CITY-ST-Z	IY-ST-ZIP ATLANTA, GA 30319			CIT	r-S1-ZIP	AT	CANTA	GA 363	19			
TITLE	D		□ De	elete Titt	.Ε	ŝ		W VI	<b>o</b> ′	☐ Change	Addition	
NAME	CHOATE	, EUGENE		NAF	AE	57	4FF LOT	CAALG			′,	
STREET ADDRESS 4370 PEACHTREE RD., N.E.				EET ADDRESS	43	70 Peg	CHTREE	RON	'&-			
CITY-ST-Z	P ATLANTA	A, GA 30319		CIT	Y-ST-ZIP	_A1	CANTA	+ GA 30				
TITLE	V		□ De	elete IIII	E	-5'	T	•		☐ Change	Addition	
NAME	, ·			NAJ		HI	CKPU	EUPLYN	1 R			
STREET AD	1	ACHTREE RD NE			EET ADDRESS	د ۲	20 PeA	CHTREE	RD	NE		
CITY-ST-Z	IP ATLANTA	A, GA 30319			Y-S1-ZIP	AZ	CANTA	617 30	319		The Adrition	
1	1 1 10				;		.,			I I Change	I I'm a dati)	

212. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 turther 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.

TITLE

NAME STREET ADDRESS

MARSHBURN, PATRICIA J

4370 PEACHTREE RD NE

VΡ

STREET ADDRESS

THUE

NAME

Delete

PAYNE CHRISTY
Y370 PEACITTAGE RONE

☐ Change ☐ Addition