

## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



| DOGGNETT // COCY CO               |
|-----------------------------------|
| 1. Entity Name                    |
| GEORGIA CASUALTY & SURETY COMPANY |
|                                   |

**DOCUMENT #809705** 

| Principal Place<br>4370 PEACH<br>ATLANTA, GA   | TREE RD., N |  |                     | Mailing Address<br>4370 PEACHTREE RD., N.E.<br>ATLANTA, GA 30319 |   |                                |                                       |                |                           |                           |  |
|--|-------------|--|---------------------|--|---|--------------------------------|---------------------------------------|----------------|---------------------------|---------------------------|--|
| 2. Principal Place of Business - No P.O. Box #   |             |  | 3. Mailing Address  |  |   |                                |                                       |                |                           |                           |  |
| Suite, Apt. #, etc.  |             |  | Suite, Apt. #, etc. |  |   | 04142008                       | Chg-P                                 | CR2E03         | 34 (12/06)                |                           |  |
| City & State   |             |  | City & State        |  |   | 4. FEI Number 58-053           |                                       |                | <b>—</b>                  | plied For<br>t Applicable |  |
| Zip Country  |             |  | Zip                 | Country  |   | 5. Certificate                 | of Status Desire                      |                | \$8.75 Add<br>ee Required |                           |  |
|  | 6. Name     | and Address of Current                           | Registered Agent    |  |   | 7. Name and                    | Address of Nev                        | v Registered A | gent                      |                           |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |             |  |                     |  | Name Street Address (P.O. Box Number is Not Acceptable) |                                |                                       |                |                           |                           |  |
|  |             |  |                     |  | City  |                                | · · · · · · · · · · · · · · · · · · · | FL             | Zip Code                  | e                         |  |
| 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 talle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |             |  |                     |  |   |                                |                                       |                |                           |                           |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |             |  |                     |  |   | \$5.00 May Be<br>Added to Fees |                                       |                |                           |                           |  |
| 10.  | 1 '         | OFFICERS AND                                     |                     | 11.  |   | ADDITIONS                      | CHANGES TO C                          | OFFICERS AND   |                           |                           |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | 4370 PEA    | ON, JESSE MACK<br>CHTREE RD., N.E.<br>, GA 30319 | Delete              |  | .E<br>AE<br>EET ADDRESS<br>7-ST-ZIP                     | See att                        | ached.                                | list           | ☐ Change                  | Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 4370 PEA    | , HILTON H JR<br>,CHTREE RD., N.E.<br>, GA 30319 | <b>X</b> Delete     |  |   |                                |                                       | 180            | Change                    | Addition                  |  |
| INTLE NAME STREET ADDRESS CITY-ST-ZIP  | 4370 PEA    | JR, JOHN G<br>CHTREE RD., N.E.<br>, GA 30319     | Delete              |  | ,   |                                |                                       |                | ☐ Change                  | Addition .                |  |
| NAME STREET ADDRESS CHY-ST-ZIP   | 4370 PEA    | , EUGENE<br>CHTREE RD., N.E.<br>N. GA 30319      | Delete              |  | i   |                                |                                       |                | Change                    | ☐ Addition                |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | 4370 PEA    | S, JANICE C<br>ACHTREE RD NE<br>A, GA 30319      | ₹ Delete            |  |   |                                |                                       |                | ☐ Change                  | Addition                  |  |
| TITLE NAME STREET ADDRESS  | 4370 PEA    | URN, PATRICIA J<br>ACHTREE RD NE                 | Delete              |  |   |                                |                                       |                | ☐ Change                  | ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address of the floridal statutes.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

770-938-7118

**FILED** 

Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90298 001 \*\*\*300.00

GEORGIA CASUALTY & SURETY COMPANY

|         |                         | ATTACHMENT #2097                             |
|---------|-------------------------|--|
| C, D, P | Robert J. Wagner        | 1907 Kingsbridge Drive, Columbia, MO 65203 T |
| D, V, S | Gary W. Thompson        | 3903 Keystone Court, Columbia, MO 65203      |
| D, V, T | Roger D. Ballard        | 8280 North Millsite, Columbia, MO 65201      |
| V       | Roger D. Birdsong       | 4808 Greenberry Court, Columbia, MO 65203    |
| V       | A. Ben Galloway         | 501 South Glenwood Ave, Columbia, MO 65203   |
| V       | James R. Beerman        | 5435 South 124 Street, Omaha, NE 68137       |
| V       | Jonathan R. Erickson    | 3706 Chinkapin Court, Columbia, MO 65203     |
| V       | Salvatore J. Losapio    | 1407 Cunningham Road, Columbia, MO 65203     |
| V       | Stephen B. Lubbering    | 4603 Connery Court, Columbia, MO 65203       |
| V       | Dianne R. Morris        | 37 Waterfall Drive, Austin, TX 78738         |
| -D;-V   | Robert K. O'Reilly, Jr. | 4778 Old Timber Ridge Rd, Marietta, GA 30068 |
| V       | Rory Read               | 713 Sudbury Drive, Columbia, MO 65203        |
| V       | Dennis D. Roth          | 3801 Buckhaven Court, Columbia, MO 65203     |
| V       | Dwight P. Tully         | 2945 East Ray Avenue, Salina, KS 67401       |
|         |                         |  |