

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F00000003889

1. Entity Name
EZZELL, INC. OF GEORGIA



Principal Place of Business
1109 E. SECOND AVENUE
ROME, GA 30161

Mailing Address
P.O. BOX 5633
ROME, GA 30162-5633

Pay April 12
FILED
Apr 12, 2004 08:00 AM
Secretary of State



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1585946

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
EZZELL, ANTHONY M
53 THE TRAIL
LINDALE, GA 30153

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EZZELL, ANTHONY M
P.O. BOX 5633
ROME, GA 301625633

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SMITH, VICKY A
6784 BLACK BLUFF ROAD
CAVE SPRINGS, GA 30124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000109437
04/12/04-80043-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4/1/04 706-232-0000