

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000641

1. Entity Name
FIRST BANK OF GEORGIA



Principal Place of Business
9250 BAYMEADOWS ROAD, SUITE 460
JACKSONVILLE, FL 32256

Mailing Address
2743 PERIMETER PKY
BUILDING 100 STE 105
AUGUSTA, GA 30909

05 MAY -2 AM 11:01

RECEIVED
TALLAHASSEE, FLORIDA



04252005 No Chg-P CR2E034 (10/03) 05

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1786015

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STELBRINK, DAVID
9250 BAYMEADOWS ROAD, SUITE 460
JACKSONVILLE, FL 32256

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRINSON, REMER Y
STREET ADDRESS	3820 WASHINGTON ROAD
CITY-ST-ZIP	AUGUSTA, GA 30917
TITLE	EVP
NAME	BIRD, THOMAS M
STREET ADDRESS	2743 PERIMETER PKY BLD 100 STE 100
CITY-ST-ZIP	AUGUSTA, GA 30909
TITLE	VP
NAME	HOLLEY, LYNN
STREET ADDRESS	2743 PERIMETER PKY BLD 100 STE 100
CITY-ST-ZIP	AUGUSTA, GA 30909
TITLE	CFO
NAME	THOMAS, J M
STREET ADDRESS	2743 PERIMETER PKWY BLDG 100 STE 105
CITY-ST-ZIP	AUGUSTA, GA 30909

100054666841
05/17/05--01024--016 **150.00

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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:

J. M. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

706.262.2260

Daytime Phone #