2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003173

Entity Name: ALLGOOD SERVICES OF GEORGIA. INC

FILED Mar 18, 2006 Secretary of State

Entity Name: ALEGOOD SERVICES OF GEORGIA, INC.								
Current Principal Place of Business:				New Principal Place of Business:				
2540 LAWRENCEVILLE HWY LAWRENCEVILLE, GA 300425598				2385 SATELLITE BLVD. 100 DULUTH, GA 30096				
Current Mailing Address:				New Mailing Address:				
PO BOX 465598 LAWRENCEVILLE, GA 300425598				2385 SATELLITE BLVD 100 DULUTH, GA 30096				
FEI Number:	58-1934391	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of	of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
1000 RIVEF JACKSON\ The above I			ırpose of	changing it:	s registered	office or regi	stered agent, or both,	
in the State								
SIGNATURE: Electronic Signature of Registered Agent						Da	te	
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () E ALLGOOD JR, JA 106 ROOSEVELT DUBLIN, GA			Title: Name: Address: City-St-Zip:	() Change () A	Addition	
Title: Name: Address: City-St-Zip:	S () E TINDOL, CHARLE 2540 LAWRENCI LAWRENCEVILL	EVILLE HWY		Title: Name: Address: City-St-Zip:	S (TINDOL, CHA 2385 SATELL DULUTH, GA	ITE BLVD.	Addition	
Title: Name: Address: City-St-Zip:	T () E TINDOL, RUFUS 2540 LAWRENCE LAWRENCEVILL	EVILLE HWY		Title: Name: Address: City-St-Zip:	TINDOL, RUF	ITE BLVD. STE		
Title: Name: Address: City-St-Zip:	D () E TINDOL, WILLIAI 2540 LAWRENCI LAWRENCEVILL	EVILLE HWY		Title: Name: Address: City-St-Zip:	TINDOL, WIL	ITE BLVD. STE		
Title: Name: Address: City-St-Zip:	D () E TINDOL, MICHAE 2540 LAWRENCI LAWRENCEVILL	EVILLE HWY		Title: Name: Address: City-St-Zip:	TINDOL, MICH	ITE BLVD. STE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. TINDOL CFO 03/18/2006