2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# F01000004739

Entity Name: CHARLES JAMISON, INC.

Current Principal Place of Business:

800 OLD ROSWELL LAKES PARKWAY, SUITE 320
ROSWELL, GA 30076

New Principal Place of Business:

Current Mailing Address:

800 OLD ROSWELL LAKES PARKWAY, SUITE 320
ROSWELL, GA 30076

New Mailing Address:

FEI Number: 58-2420457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARK SLACK
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	ALLEN, JAN S	
Address:	800 OLD ROSWELL LAKES PARKWAY, SUITE 320	
City-St-Zip:	ROSWELL, GA 30076	
Title:	ST	( ) Delete
Name:	SMITH, E. GRIGGS	
Address:	800 OLD ROSWELL LAKES PARKWAY, SUITE 320	
City-St-Zip:	ROSWELL, GA 30076	
Title:	AVP	(X) Delete
Name:	HINSDALE, JULIE	
Address:	800 OLD ROSWELL LAKES PKWY STE	
City-St-Zip:	ROSWELL, GA 30076	
Title:	P	( ) Delete
Name:	JAMISON, CHARLES	
Address:	800 OLD ROSWELL LAKES PARKWAY, SUITE 320	
City-St-Zip:	ROSWELL, GA 30076	
Title:	CFO	( ) Delete
Name:	SPENCER, KRISTI	
Address:	800 OLD ROSWELL LAKES PARKWAY, SUITE 320	
City-St-Zip:	ROSWELL, GA 30076	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CHARLES JAMISON PRES 01/22/2007

Electronic Signature of Signing Officer or Director Date