

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002296

FILED
Jan 21, 2005
Secretary of State

Entity Name: UNITED FIRE PROTECTION OF GA, INC.

Current Principal Place of Business:

4025 STEVE REYNOLDS BLVD.
SUITE 100
NORCROSS, GA 30093

New Principal Place of Business:

Current Mailing Address:

4025 STEVE REYNOLDS BLVD.
SUITE 100
NORCROSS, GA 30093

New Mailing Address:

FEI Number: 35-2159375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
523 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: PTCB () Delete
Name: CROSSBY, D. MILTON JR.
Address: 4025 STEVE REYNOLDS BLVD., STE 100
City-St-Zip: NORCROSS, GA 30093

Title: VSD () Delete
Name: COREY, DONALD R
Address: 4025 STEVE REYNOLDS BLVD., STE 100
City-St-Zip: NORCROSS, GA 30093

Title: D () Delete
Name: MACKEY, DONALD
Address: 4025 STEVE REYNOLDS BLVD., STE100
City-St-Zip: NORCROSS, GA 30093

Title: D () Delete
Name: HILL, WILLIAM
Address: 4025 STEVE REYNOLDS BLVD.
City-St-Zip: NORCROSS, GA 30093

Title: D () Delete
Name: KENNINGTON, KAROL G
Address: 4025 STEVE REYNOLDS BLVD
City-St-Zip: NORCROSS, GA 30093

Title: D () Delete
Name: STRICKLAND, DENNIS P
Address: 4025 STEVE REYNOLDS BLVD
City-St-Zip: NORCROSS, GA 30093

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:

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 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 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: KAROL KENNINGTON

D

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date