

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90023 033 ***150.00

DOCUMENT # F02000003299

1. Entity Name

GEORGIA M.I.T., INC.



Principal Place of Business

3346 GALES RD.
APPLING GA 30802

Mailing Address

3346 GALES RD.
APPLING GA 30802

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0666995

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, WILLIAM R
~~7820 PROFESSIONAL PLACE #6~~
TAMPA FL 33637

Name

Street Address (P.O. Box Number is Not Acceptable)

1504 67th ST CT E

City

BRADENTON

FL

Zip Code

34208

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

William R Stephens WILLIAM R STEPHENS

2/25/04

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP Delete
NAME CHANDLER, PHILLIP K
STREET ADDRESS 1670 ROLLING MEADOWS CT.
CITY-ST-ZIP YOUNG HARRIS GA 30582

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VST Delete
NAME STEPHENS, WILLIAM R
STREET ADDRESS 7820 PROFESSIONAL PLACE #6
CITY-ST-ZIP TAMPA FL 33637

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME PLAYER, RICHARD A
STREET ADDRESS 3350 GALES ROAD
CITY-ST-ZIP APPLING GA 30802

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME TAYLOR, TERRY L
STREET ADDRESS 882 S. ST. ROAD 168
CITY-ST-ZIP LUBBOCK TX 79407

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SMGR Delete
NAME TANT, LARRY
STREET ADDRESS 117 WOODLAND RD.
CITY-ST-ZIP HATTIESBURG MS 39401

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William R Stephens WILLIAM R STEPHENS

Date

2/25/04 800 729 4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #