

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000001096

FILED
Dec 08, 2004
Secretary of State**Entity Name:** DONALDSON, GARRETT & ASSOCIATES, INC.**Current Principal Place of Business:**4875 RIVERSIDE DR.
MACON, GA 31210**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 7306
MACON, GA 31209**New Mailing Address:****FEI Number:** 58-1964020**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**NEWBERRY, JAY
2555 N. COURTENAY PKWY.
MERRITT ISLAND, FL 32953 US**Name and Address of New Registered Agent:**NEWBERRY, JAY
2460 N. COURTENAY PKWY.
SUITE 212
MERRITT ISLAND, FL 32953 US

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

12/08/2004

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DONALDSON, TOMMIE M JR.
Address: 4875 RIVERSIDE DR.
City-St-Zip: MACON, GA 31210

Title: VPSD () Delete
Name: HOLLIS-PRITCHARD, ELAINE
Address: 4875 RIVERSIDE DR.
City-St-Zip: MACON, GA 31210

Title: D () Delete
Name: GARRETT, JAMES P
Address: 4875 RIVERSIDE DR.
City-St-Zip: MACON, GA 31210

Title: D () Delete
Name: STORY, JOHN M
Address: 4875 RIVERSIDE DR.
City-St-Zip: MACON, GA 31210

Title: D () Delete
Name: TRUE, RALPH A
Address: 4875 RIVERSIDE DR.
City-St-Zip: MACON, GA 31210

Title: D () Delete
Name: NEWBERRY, JAMES W JR.
Address: 2555 N COURTENARY PKWY.
City-St-Zip: MERRITT ISLAND, FL 32953

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: D (X) Change () Addition
Name: NEWBERRY, JAMES W JR.
Address: 2460 N COURTENARY PKWY., SUITE 212
City-St-Zip: MERRITT ISLAND, FL 32953

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: ELAINE HOLLIS-PRITCHARD

VP

12/08/2004

Electronic Signature of Signing Officer or Director

Date