

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001096

FILED  
Jan 27, 2006  
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  
2460 N. COURTENAY PKWY.  
SUITE 212  
MERRITT ISLAND, FL 32953 US

## Name and Address of New Registered Agent:

NEWBERRY, JAMES W JR  
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: JAMES W NEWBERRY, JR.

01/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## 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: 500 E MOREHEAD ST.  
City-St-Zip: CHARLOTTE, NC 28202

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: 2460 N COURTENARY PKWY.,SUITE 212  
City-St-Zip: MERRITT ISLAND, FL 32953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change ( ) Addition  
Name: PRITCHARD, ELAINE S  
Address: 4875 RIVERSIDE DR.  
City-St-Zip: MACON, GA 31210

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: ELAINE S. PRITCHARD, VP

VP

01/27/2006

Electronic Signature of Signing Officer or Director

Date