


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002722 1. Entity Name J. SMITH LANIER & CO. ADMINISTRATORS, INC.	
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Principal Place of Business 47 POSTAL PKWY. NEWNAN, GA 30263-2885	Mailing Address 47 POSTAL PKWY. NEWNAN, GA 30263-2885
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03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1713672	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GULFSHORE INSURANCE CO. 4100 GOODLETTE RD. N, STE. 100 NAPLES, FL 34103
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**DO NOT WRITE
IN THIS SPACE**

6. 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 _____
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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

1100000135606

04/28/04-80067-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LANIER, J. SMITH II 300 W. 10TH STREET WEST POINT, GA 31833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PARR, WILLIAM T JR 300 W. 10TH STREET WEST POINT, GA 31833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUSER, MICHAEL 47 POSTAL PKWY NEWNAN, GA 302632885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANIER, D. GAINES 300 W. 10TH STREET WEST POINT, GA 31833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSS, CASSIE 47 POSTAL PKWY. NEWNAN, GA 302632885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PLAN, FRANK 300 W. 10TH STREET WEST POINT, GA 31833

**DO NOT WRITE
IN THIS SPACE**

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:  SECRETARY/CFO 3/8/04 706645-224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #