

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002722

1. Entity Name
J. SMITH LANIER & CO. ADMINISTRATORS, INC.



Principal Place of Business
**47 POSTAL PKWY.
NEWNAN, GA 30263-2885**

Mailing Address
**47 POSTAL PKWY.
NEWNAN, GA 30263-2885**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1713672

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GULFSHORE INSURANCE CO.
4100 GOODLETTE RD. N, STE. 100
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05 706-645-2211