2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# F03000002722

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

Current Principal Place of Business:

47 POSTAL PKWY.
NEWNAN, GA 302632885

New Principal Place of Business:

Current Mailing Address:

47 POSTAL PKWY.
NEWNAN, GA 302632885

New Mailing Address:

FEI Number: 62-1713672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: LANIER, J. SMITH II
Address: 300 W. 10TH STREET
City-St-Zip: WEST POINT, GA 31833

Title: VC ( ) Delete
Name: PARR, WILLIAM T JR
Address: 300 W. 10TH STREET
City-St-Zip: WEST POINT, GA 31833

Title: P ( ) Delete
Name: HOUSER, MICHAEL
Address: 47 POSTAL PKWY
City-St-Zip: NEWNAM, GA 302632885

Title: VP ( ) Delete
Name: LANIER, D. GAINES
Address: 300 W. 10TH STREET
City-St-Zip: WEST POINT, GA 31833

Title: VP ( ) Delete
Name: GROSS, CASSIE
Address: 47 POSTAL PKWY.
City-St-Zip: NEWNAN, GA 302632885

Title: CFO ( ) Delete
Name: PLAN, FRANK
Address: 300 W. 10TH STREET
City-St-Zip: WEST POINT, GA 31833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LANIER, J. SMITH II
Address: 300 W. 10TH STREET
City-St-Zip: WEST POINT, GA 31833

Title: D (X) Change ( ) Addition
Name: PARR, WILLIAM T JR
Address: 300 W. 10TH STREET
City-St-Zip: WEST POINT, GA 31833

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

Title: C (X) Change ( ) Addition
Name: LANIER, D. GAINES
Address: 300 W. 10TH STREET
City-St-Zip: WEST POINT, GA 31833

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: J. MICHAEL HOUSER P 03/15/2006

Electronic Signature of Signing Officer or Director — Date