


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

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| DOCUMENT # F06000003470 |  |
| 1. Entity Name THE PARKLAND CORPORATION OF GEORGIA | |

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|--|--|
| Principal Place of Business P.O. BOX 650 BUENA VISTA, GA 31803 | Mailing Address P.O. BOX 650 BUENA VISTA, GA 31803 |
|--|--|

DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

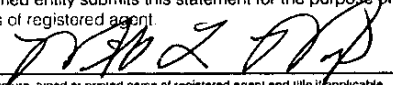
| | |
|---|--|
| 4. FEI Number 58-1518666 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MOON, C.L.
70 WHITECLIFFS LANE
SANTA ROSA BEACH, FL 32459**

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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:  DATE: **3-19-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

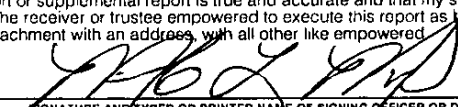
| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000674875 03/29/07-80088-020 150.00 |
|---|--|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHRM MOON, MIKE L 8800 MCKEE ROAD UPATOI, GA 31829 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OD MOON, MIKE L 8800 MCKEE ROAD UPATOI, GA 31829 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MOON, MICHAEL B 8800 MCKEE ROAD UPATOI, GA 31829 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: **3-19-07** DAYTIME PHONE #: **229-649-2028**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR