

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 27, 2007 8:00 am
Secretary of State

03-12-2007 90367 035 ***158.75

DOCUMENT # F06000005765					
1. Entity Name CREDNOLOGY INC.					
Principal Place of Business 101 LANDING LANE EATONTON, GA 31024			Mailing Address P.O. BOX 1410 MILLEDGEVILLE, GA 31059		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FE# Number 010802452					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 date if applicable. (NOTE: Registered Agent signature required when necessary.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		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	CHRM BURKE, C. ENNISE 101 LANDING LANE EATONTON, GA 31024 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, C. ENNISE 101 LANDING LANE EATONTON, GA 31024 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR BURKE, HUGH 101 LANDING LANE EATONTON, GA 31024 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKE, HUGH 101 LANDING LANE EATONTON, GA 31024 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, DOUG 101 LANDING LANE EATONTON, GA 31024 ☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
3/2/07 DATE					