

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004959

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** MOULTRIE BUSINESS PARK INC.

**Current Principal Place of Business:**

HOWARD W. ALLGOOD  
430 PRIME POINT, STE 102  
PEACHTREE CITY, GA 30269

**New Principal Place of Business:**

**Current Mailing Address:**

HOWARD W. ALLGOOD  
P. O. BOX 2652  
PEACHTREE CITY, GA 30269

**New Mailing Address:**

**FEI Number:** 58-1865596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLGOOD, HOWARD W W  
107 ALLGOOD CIRCLE UNIT #3  
ST. AUGUSTINE, FL 32086 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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: ALLGOOD, HOWAD W  
Address: 430 PRIME POINT, SUITE 102  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: PT  
Name: BURNETT, PAIGE A  
Address: 430 PRIME POINT, SUITE 102 P.O. BOX 2652  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VS  
Name: BROWN, TONYA A  
Address: 430 PRIME POINT, SUITE 102 P.O. BOX 2652  
City-St-Zip: PEACHTREE CITY, GA 30269

I hereby 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 all other like empowered.

SIGNATURE: PAIGE A BURNETT

PT

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date