2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000444

Entity Name: HODGES, HARBIN, NEWBERRY & TRIBBLE, INCORPORATED

FILED Jan 19, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
P.O. BOX 974 MACON, GA 31202					
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 974 MACON, GA 31202					
FEI Number: 58-1914982 FEI Number Applied For () FEI Number		umber Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TRIBBLE, JR., H	Pelete L STREET, STE 265	Title: Name: Address: City-St-Zip:	PC (X) Change () Addition TRIBBLE, H L JR 484 MULBERRY STREET, STE 265 MACON, GA 31201	
Title: Name: Address: City-St-Zip:	HODGES, WILLIA	Pelete AM F STREET, STE 265	Title: Name: Address: City-St-Zip:	S (X) Change () Addition HODGES, WILLIAM F 484 MULBERRY STREET, STE 265 MACON, GA 31201	
Title: Name: Address: City-St-Zip:	NEWBERRY, HA	pelete ROLD L STREET, STE 265	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NEWBERRY, HAROLD L 484 MULBERRY STREET, STE 265 MACON, GA 31201	
Title: Name: Address: City-St-Zip:	HARBIN, J S	STREET, STE 265	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HARBIN, J S 484 MULBERRY STREET, STE 265 MACON, GA 31201	
Title: Name: Address: City-St-Zip:	D (X) [BROWNE, JEFFF 484 MULBERRY MACON, GA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E STUBBS, WILLIA 484 MULBERRY MACON, GA		Title: Name: Address: City-St-Zip:	D (X) Change () Addition STUBBS, WILLIAM M 484 MULBERRY ST STE 265 MACON, GA 31201	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: H LOWRY TRIBBLE, JR PC 01/19/2005