

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90031 009 \*\*\*150.00

**DOCUMENT # F94000001500**

1. Entity Name  
**SI CORPORATION**



Principal Place of Business  
**309 LAFAYETTE RD.  
CHICKAMAUGA, GA 30707**

Mailing Address  
**309 LAFAYETTE RD.  
CHICKAMAUGA, GA 30707**

**94031642**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**58-1049400**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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 title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
**PCEO  
JOSEPH, DANA  
309 LAFAYETTE RD.  
CHICKAMAUGA, GA 30707** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
BROWN, LYNN A  
309 LAFAYETTE RD.  
CHICKAMAUGA, GA 30707** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOS  
MCCARTER, LEE  
307 LAFAYETTE ROAD  
CHICKAMAUGA, GA 30707** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ZIEBOLD, LOUIS  
309 LAFAYETTE ROAD  
CHICKAMAUGA, GA 30707** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Blank]** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Blank]** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Hugh McClain, VP  
309 Lafayette Rd  
Chickamauga GA 30707** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Bon Brooks, VP  
309 Lafayette Rd  
Chickamauga GA 30707** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Jule Smith, VP  
309 Lafayette Rd  
Chickamauga GA 30707** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Dean Brant, VP  
309 Lafayette Rd  
Chickamauga GA 30707** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Jim Laney, VP  
309 Lafayette Rd  
Chickamauga GA 30707** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**[Blank]** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/10/04 423-553-2355**