

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90231 032 \*\*\*150.00

**60001869**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
58-2169628

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TURNER, WILLIAM B JR  
STREET ADDRESS 1017 FRONT AVENUE  
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE SC  
NAME WRIGHT, ROBERT H JR  
STREET ADDRESS 1017 FRONT AVENUE  
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE VGM  
NAME CARBERRY, THOMAS  
STREET ADDRESS 1017 FRONT AVENUE  
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE C  
NAME TURNER, WILLIAM B JR  
STREET ADDRESS 1017 FRONT AVENUE  
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE AS  
NAME FOWLER, RICHARD W  
STREET ADDRESS 1017 FRONT AVE  
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

Robert H. Wright, Jr. 706-571-6050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #