2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# F96000005318

Entity Name: LYMAN DAVIDSON DOOLEY, INC.

Current Principal Place of Business:

1640 POWERS FERRY RD
BLDG 1, SUITE 100
MARIETTA, GA 30067 US

New Principal Place of Business:

Current Mailing Address:

1640 POWERS FERRY RD.
BLDG 1, SUITE 100
MARIETTA, GA 30067 US

New Mailing Address:

FEI Number: 58-1802784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, CHUCK O
5201 W. KENNEDY BLVD
SUITE 501
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

BABIS, DEIGHTON V
5201 W. KENNEDY BLVD
SUITE 501
TAMPA, FL 33609 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: DEIGHTON V. BABIS 01/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIDSON, ROWLAND
Address: 1415 MOSSWOOD LN
City-St-Zip: SMYRNA, GA 30082

Title: VST ( ) Delete
Name: LYMAN, STEVEN G
Address: 4492 HAVERSTRAW DR
City-St-Zip: DUNWOODY, GA 30338

Title: V ( ) Delete
Name: DOOLEY, TOM A
Address: 950 DRAUGHON AVE
City-St-Zip: NASHVILLE, TN 37204

Title: V (X) Delete
Name: KNIGHT, CHUCK O
Address: 6720 29TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN G. LYMAN MR. 01/15/2008
Electronic Signature of Signing Officer or Director Date