## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Mar 12, 2007 08:00 A Secretary of State DOCUMENT # F9700000015 1. Entity Name THOMAS ENTERPRISES OF GEORGIA, INC. Principal Place of Business Mailing Address **45 ANSLEY DRIVE 45 ANSLEY DRIVE** NEWNAN, GA 30263 NEWNAN, GA 30263 CR2E034 (11/05) 01152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1990153 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FROOK, MARGARET S DO NOT WRITE 1001 AVENIDA DEL CIRCO VENICE, FL 34285 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE THOMAS, STANLEY E NAME STREET ADDRESS **45 ANSLEY DRIVE** CITY-ST-ZIP NEWNAN, GA 30263 AS 000000665728 TITLE NAME ECHOLS, LILA M. **45 ANSLEY DRIVE** STREET ADDRESS CITY-ST-ZIP NEWNAN, GA 30263 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP