

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F97000003848**

1. Entity Name  
**AVERITT PROPERTIES, INC.**



Principal Place of Business  
**1415 NEAL STREET  
COOKEVILLE, TN 38502-3166**

Mailing Address  
**PO BOX 3166  
COOKEVILLE, TN 38502-3166**



03102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>62-1308781</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CCEO
NAME	SASSER, GARY D
STREET ADDRESS	1415 NEAL STREET
CITY-ST-ZIP	COOKEVILLE, TN 385023166

TITLE	P
NAME	SASSER, GARY D
STREET ADDRESS	1415 NEAL STREET
CITY-ST-ZIP	COOKEVILLE, TN 385023166

TITLE	CFOS
NAME	JOHNSON, GEORGE
STREET ADDRESS	1415 NEAL STREET
CITY-ST-ZIP	COOKEVILLE, TN 385023166

TITLE	VP
NAME	JOHNSON, GEORGE
STREET ADDRESS	1415 NEAL STREET
CITY-ST-ZIP	COOKEVILLE, TN 385023166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/02/08-80071-012 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George H Johnson* **George H Johnson** 3/11/08 931-526-3300  
Date Daytime Phone #