2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90004 015 ***150.00

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1. Entity Name
SIMONSON, GERMANY, NONEMAKER AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1190 W. DRUID HILLS DR. NE T-65 ATLANTA, GA 30329	1190 W. DRUID HILLS DR. NE T-65 ATLANTA, GA 30329

400025336

01172007 No Chg-P CR2E034 (11/05)

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4. FEI Number
58-2009816
☐ 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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SIMONSON, BRUCE D
STREET ADDRESS	1426 WILLIAMS STREET, #31
CITY-ST-ZIP	CHATANOOGA, TN 37408
TITLE	SD
NAME	NONEMAKER, BRIAN E
STREET ADDRESS	1039 NERINE CIRCLE
CITY-ST-ZIP	ATLANTA, GA 30306
TITLE	TD
NAME	GERMANY, B MURFF J
STREET ADDRESS	1707 NORTH SPRINGS DRIVE
CITY-ST-ZIP	ATLANTA, GA 30338
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SB
1039 Bellevue Dr. Atlanta, GA 30306

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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: _____ B. Murff Germany, Jr. 2-20-07 404-634-4466 Ext-103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone