

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000005259

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



Principal Place of Business

1190 W. DRUID HILLS DR. NE
T-65
ATLANTA, GA 30329

Mailing Address

1190 W. DRUID HILLS DR. NE
T-65
ATLANTA, GA 30329



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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	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 BELLEVUE DR
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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Murff Germany, Jr

3-14-08

404-634-4466

Date

Daytime Phone #