


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000006039</b>	
1. Entity Name J. SMITH LANIER & CO.	

Principal Place of Business 300 WEST TENTH STREET WEST POINT, GA 31833 US	Mailing Address P.O. BOX 70 WEST POINT, GA 31833 US
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1513334	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**

LLOYD, JUNE  
447 SUDDUTH AVE  
PANAMA CITY, FL 32401

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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 \_\_\_\_\_ (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.

1000000235810  
02/23/08-80050-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, D. GAINES 300 W. TENTH WEST POINT, GA 31833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IVEY, GARY 1413 SUNSET DR SIGNAL MOUNTAIN, TN 37377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PLAN, FRANK E 1533 LAKEWOOD PL AUBURN, AL 36830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER II, SMITH J 2024 N 18TH ST LANETT, AL 36863
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PARR JR., WILLIAM T 1101 4TH AVE WEST POINT, GA 31833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:**  **2/21/08** **706-645-8242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #