

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000605

FILED
Jan 26, 2006
Secretary of State

Entity Name: EMPIRE FINANCIAL SERVICES OF GEORGIA, INC.

Current Principal Place of Business:

121 EXECUTIVE PARKWAY
MILLEDGEVILLE, GA 31061

New Principal Place of Business:

Current Mailing Address:

121 EXECUTIVE PARKWAY
MILLEDGEVILLE, GA 31061

New Mailing Address:

FEI Number: 58-1639141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEWITT, DREW
Address: 201 FIRST STREET
City-St-Zip: MOULTRIE, GA

Title: D () Delete
Name: WALLACE, SANBURY
Address: 201 FIRST STREET
City-St-Zip: MOULTRIE, GA

Title: D () Delete
Name: SUSAN, WHITTLE
Address: 201 FIRST STREET
City-St-Zip: MOULTRIE, GA

Title: D () Delete
Name: DYER, J.D. JR
Address: 121 EXECUTIVE PARKWAY
City-St-Zip: MILLEDGEVILLE, GA 31061

Title: D () Delete
Name: ALLISON, LAVERNE C
Address: 121 EXECUTIVE PARKWAY
City-St-Zip: MILLEDGEVILLE, GA 31061

Title: D () Delete
Name: BUCHANAN, NANCY S
Address: 121 EXECUTIVE PARKWAY
City-St-Zip: MILLEDGEVILLE, GA 31061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVERNE C ALLISON

D

01/26/2006

Electronic Signature of Signing Officer or Director

Date