

**2004 FOR PROFIT CORPORATION -  
ANNUAL REPORT**

7/1

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90003 009 \*\*\*150.00

**DOCUMENT # F99000003541**

1. Entity Name  
**AMBLING COMPANIES, INC.**



Principal Place of Business  
**348-B ENTERPRISE DRIVE  
VALDOSTA, GA 31601**

Mailing Address  
**348-B ENTERPRISE DRIVE  
VALDOSTA, GA 31601**

**66430994**



07092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2410528</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**GREEN, PATRICIA K  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130**

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **GODWIN, MICHAEL H**  
STREET ADDRESS **348-B ENTERPRISE DRIVE**  
CITY-ST-ZIP **VALDOSTA, GA 31601**

TITLE **SVP**  
NAME **HOLMES, R. RYAN**  
STREET ADDRESS **348-B ENTERPRISE DRIVE**  
CITY-ST-ZIP **VALDOSTA, GA 31601**

TITLE **D**  
NAME **HOLMES, RHETT J**  
STREET ADDRESS **348-B ENTERPRISE DRIVE**  
CITY-ST-ZIP **VALDOSTA, GA 31601**

TITLE **DAS**  
NAME **CYNAMAN, WILLIS**  
STREET ADDRESS **348 ENTERPRISE DRIVE**  
CITY-ST-ZIP **VALDOSTA, GA 31601**

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 exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

*Cynaman Willis* CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/04 229 2198040**

Date

Daytime Phone #