2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 8:00 am Secretary of State **DOCUMENT # F99000005813** 1. Entity Name 02-16-2004 90033 035 ***150.00 INVESTAR OF GEORGIA, INC. Principal Place of Business Mailing Address 3500 FINANCIAL PLAZA" " 3500 FINANCIAL PLAZA **01000110** 4TH FLOOR 4TH FLOOR TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business -3. Mailing Address 3500 financia Sameo Suite, Apt. #, etc. Chg-P 02072004 CR2E034 (10/03) 400 City & State 4. FEI Number Applied For 59-3543316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301 ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity sub le purpose d the obligations of regi Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CCEO Delete TITLE Addition TITLE DIAMANTIS, CHRISTOPHER E NAME NAME STREET ADDRESS STREET ADDRESS 3500 FINANCIAL PLAZA, 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32312 ☐ Change ☐ Addition **CFO** ☐ Delete TITLE TITLE BOLLMAN, KYLE NAMÉ NAME STREET ADDRESS STREET ADDRESS 3500 FINANCIAL PLAZA, 4TH FLOOR CITY-ST-ZIP CITY-ST-ZIP-TALLAHASSEE, FL 32312 -☐ Change ☐ Addition TITLE ☐ Delete SOKOLOW, LARRY NAME NAME 3500 FINANCIAL PLAZA, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its ribe and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director hypered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental report.

SIGNATURE:

of the corporation or the receiver or tu-changed, or on an attachment with an

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