


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M75011
 1. Entity Name
SOUTH GEORGIA LAND DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
683 A. SHERROD RD **PO BOX 489**
COOLIDGE, GA 31738 **COOLIDGE, GA 31738**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2936020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WARFEL, TIM
215 SOUTH MONROE STREET
SUITE 701
TALLAHASSEE, FL 32302

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRAMORE, WAYNE E 683 A. SHERROD RD COOLIDGE, GA 31738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRAMORE, ROBERT W 683 A. SHERROD RD COOLIDGE, GA 31738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARRAMORE, WANDA J 683 A. SHERROD RD COOLIDGE, GA 31738
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 06/22/06-80002-013 150.00

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: Wanda Parramore Sec. Wanda Parramore 3-8-06 229-227-9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Florida #