


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 683 A. SHERROD RD COOLIDGE, GA 31738	Mailing Address PO BOX 489 COOLIDGE, GA 31738
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DO NOT WRITE IN THIS SPACE



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2936020	Applied For <input type="checkbox"/> 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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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 261 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 261 A. SHERROD RD. COOLIDGE, GA 31738
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07/23/08-80001-006 550.00

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IN THIS SPACE**

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 Date: 7/18/08 Daytime Phone #: 1-229-227-9842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR