## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000060595

1. Entity Name GEORGIA I-85 MANAGEMENT COMPANY, INC.

Principal Place of Business

C/O GARY S EDINGER 305 NE 1ST ST GAINESVILLE, FL 32601 Mailing Address

C/O GARY S EDINGER **305 NE 1ST ST** GAINESVILLE, FL 32601

**FILED** Apr 26, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

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4.	FE) Number			ĺ	Applied Fo
	59-3725887		***	Γ	Not Apolic

5. Certificate of Status Desired

04212006

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

No Cha-P

EDINGER 305 NE 18 GAINESVI			DO NOT WRITE IN THIS SPACE				
6. The above the obligat	named entity submits this statement for the ptions of registered agent.	nurpase of changing its registered of	olfice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and this	d applicable. (NOTE: Pregistared Ag	Agent agrature required when reinstaling) CATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.	g \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	***				
TITLE NAME SIREET ADDRESS CHY-ST-ZIP	PD SULLIVAN, ASHER G JR 17035 SE COUNTY RD 234 MICANOPY, FL 32667						
HILE NAME STREET ADDRESS GRY-ST-ZIP				H00000536444			
HILE NAME STREET ADDRESS CITY-ST-ZP			000000536444 05/08/06-80093-010 150.00 DO NOT WRITE				
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CNTY-ST-ZIP							
TITLE		£					

12. I hereby certify that the information supplied with this filling 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 the 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 employered 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: \_

NAME STREET ADDRESS City-S1-ZiP

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