

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000004537**

1. Entity Name  
ALABAMA GEORGIA, INC.



Principal Place of Business  
748 S.W. AVENUE E  
BELLE GLADE, FL 33430

Mailing Address  
748 S.W. AVENUE E  
BELLE GLADE, FL 33430



02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
26-0021186

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, TINA T  
748 S.W. AVENUE E  
BELLE GLADE, FL 33430

**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  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MCMILLAN, JAMES WILSON JR.  
STREET ADDRESS 172 N.E. 6TH STREET  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D  
NAME MCMILLAN, TINA T  
STREET ADDRESS 172 N.E. 6TH STREET  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/06/07-80046-002 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James W. McMillan Jr.*  
James W. McMillan Jr.  
2-23-07 561-996-2678  
Tina T. McMillan