

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000004537

Entity Name: ALABAMA GEORGIA, INC.

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

748 S.W. MLK, JR. BLVD  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

748 DR MARTIN LUTHER KING JR BLVD WEST  
BELLE GLADE, FL 33430

**Current Mailing Address:**

748 S.W. MLK, JR. BLVD  
BELLE GLADE, FL 33430

**New Mailing Address:**

748 DR MARTIN LUTHER KING JR BLVD WEST  
BELLE GLADE, FL 33430

FEI Number: 26-0021186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMILLAN, TINA T  
748 S.W. MLK, JR. BLVD  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

MCMILLAN, TINA T  
748 DR MARTIN LUTHER KING JR BLVD WEST  
BELLE GLADE, FL 33430 US

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.

SIGNATURE:

02/08/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MCMILLAN, JAMES WILSON JR.  
Address: 172 N.E. 6TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: D  
Name: MCMILLAN, TINA T  
Address: 172 N.E. 6TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TINA T MCMILLAN

VP

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date