


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02007	
1. Entity Name GEORGIA UNITED BROKERAGE CO., INC.	

Principal Place of Business 496 LANEY-WALKER BOULEVARD PO BOX 1866 AUGUSTA, GA 30903-8866	Mailing Address 496 LANEY-WALKER BOULEVARD PO BOX 1866 AUGUSTA, GA 30903-8866
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0977267	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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000934354
 05/23/08-80029-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MURRAY, JOHN L. (JR.) 1122 HIGHLAND AVE. AUGUSTA, GA 30904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, ESTHER B. 1122 HIGHLAND AVE. AUGUSTA, GA 30904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MURRAY, GREY B. 806 QUAIL CT. AUGUSTA, GA 30909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Grey B. Murray* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/28/08 Day/Time Phone #: 706-722-7566