

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000020955

Entity Name: GEORGE PROPERTIES, INC.

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

371 AUDUBON OAKS DR
#101
LAKELAND, FL 33809

New Principal Place of Business:

925 CAMELOT LANE
LAKELAND, FL 33813

Current Mailing Address:

371 AUDUBON OAKS DR
#101
LAKELAND, FL 33809

New Mailing Address:

925 CAMELOT LANE
LAKELAND, FL 33813

FEI Number: 20-0714117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFFERTY, JULIA
5115 NORTH SOCRUM LOOP #49
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

LAFFERTY, JULIA
17890 NE 31 COURT
APT 1104
AVENTURA, FL 33160 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: JULIA LAFFERTY

03/19/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFFERTY, JULIA RN
Address: 5115 NORTH SOCRUM LOOP #49
City-St-Zip: LAKELAND, FL 33809

Title: VP () Delete
Name: LAFFERTY, JOHN M MD
Address: 925 CAMELOT LANE
City-St-Zip: LAKELAND, FL 33803

Title: TREA () Delete
Name: LAFFERTY, ROBIN W
Address: 5949 HWY 29 S
City-St-Zip: HOPE, AR 71801

Title: SEC () Delete
Name: LAFFERTY, J. PHILLIP
Address: 201 MOUNTAIN VIEW LANE
City-St-Zip: COLUMBIANA, AL 35051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFFERTY, JULIA RN
Address: 17890 NE 31ST COURT APT. 1104
City-St-Zip: AVENTURA, FL 33160

Title: VP (X) Change () Addition
Name: LAFFERTY, JOHN M MD
Address: 925 CAMELOT LANE
City-St-Zip: LAKELAND, FL 33813

Title: TREA (X) Change () Addition
Name: LAFFERTY, ROBIN W
Address: 17890 NE 31ST COURT APT 1104
City-St-Zip: AVENTURA, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIA LAFFERTY

P

03/19/2007

Electronic Signature of Signing Officer or Director

Date