

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90024 008 ***150.00

DOCUMENT # P06702

1. Entity Name
PRIVETT AND ASSOCIATES, INC.



Principal Place of Business
1201 SHADOWLAWN DR
ST. MARYS, GA 31558 US

Mailing Address
1201 SHADOWLAWN DR
ST. MARYS, GA 31558 US

40035219



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1482504

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRIVETT, PARK D. JR.
11449 LAUREL GREEN WAY N.
JACKSONVILLE, FL 32225

**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 PT
NAME PRIVETT, PARK DEAN, JR.
STREET ADDRESS 11449 LAUREL GREEN WAY N
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE S
NAME HUDSON, TAMMY S
STREET ADDRESS 290 CHASE CT S.
CITY-ST-ZIP ST MARY, GA 31558

TITLE V
NAME BENNETT, ERNEST R
STREET ADDRESS 830 BRISTOL HAMMOCK CR.
CITY-ST-ZIP KINGSLAND, GA 31548

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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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

3-9-07 (912) 882-3738
Date Daytime Phone #