

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90020 045 ***158.75



DOCUMENT # P26954 1. Entity Name GEORGIA OXFORD INDUSTRIES, INC.	
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Principal Place of Business 222 PIEDMONT AVENUE, NE ATLANTA, GA 30308	Mailing Address 222 PIEDMONT AVENUE, NE ATLANTA, GA 30308
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



03132007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 58-0831862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOD LANIER, J. HICKS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, J. HICKS	NAME	
STREET ADDRESS	222 PIEDMONT AVENUE, NE	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'REILLY, KNOWLTON J.	NAME	K. Scott Grassmyer
STREET ADDRESS	222 PIEDMONT AVENUE NE	STREET ADDRESS	222 Piedmont Avenue, NE
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP	Atlanta, GA 30308
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUBB, THOMAS C III	NAME	
STREET ADDRESS	222 PIEDMONT AVENUE, NE	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, J.R. JR	NAME	
STREET ADDRESS	222 PIEDMONT AVENUE, NE	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30308	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, THOMAS E	NAME	
STREET ADDRESS	222 PIEDMONT AVE NE	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30308	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEE, CECIL D.	NAME	
STREET ADDRESS	222 PIEDMONT AVENUE, NE	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA	CITY - ST - ZIP	

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: Thomas E. Campbell, Secretary **4-11-07** 404-659-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #