


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000020908 1. Entity Name GEORGIA AVE., INC.	
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Principal Place of Business P.O. BOX 85 W PALM BEACH, FL 33402	Mailing Address P.O. BOX 85 W PALM BEACH, FL 33402
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02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0646549	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, SCOTT A 505 S. FLAGLER DR. SUITE 1010 W PALM BEACH, FL 33401

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SCOTT A 505 S FLAGLER DR., SUITE 1010 W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, PATRICK C 505 S FLAGLER DR., SUITE 1010 W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICHARD S JR 505 S FLAGLER DR., SUITE 1010 W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICHARD S 505 S FLAGLER DR., SUITE 1010 W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000850276
03/21/08-80055-012 150.00

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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: _____ **02/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #