

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058899

Entity Name: N97GB CORP.

FILED  
Jul 11, 2007  
Secretary of State

## Current Principal Place of Business:

815 SOUTH MAIN STREET  
MOULTRIE, GA 31768

## New Principal Place of Business:

## Current Mailing Address:

815 SOUTH MAIN STREET  
MOULTRIE, GA 31768

## New Mailing Address:

P.O. BOX 2576  
MOULTRIE, GA 31776

FEI Number: 59-3455344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCLEAN, MICHAEL J  
185 RIO VISTA DRIVE  
SOPCHOPPY, FL 32358 US

## Name and Address of New Registered Agent:

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:

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: PRES ( ) Delete  
Name: MCLEAN, MICHAEL J  
Address: 815 RIO VISTA DRIVE  
City-St-Zip: SOPCHOPPY, FL 32358

Title: SEC ( ) Delete  
Name: STONE, DAVID E  
Address: 520 SOUTH MAIN STREET  
City-St-Zip: MOULTRIE, GA 31768

Title: TREA ( ) Delete  
Name: STONE, DAVID E  
Address: 520 SOUTH MAIN STREET  
City-St-Zip: MOULTRIE, GA 31768

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J. MCLEAN

PRES

07/11/2007

Electronic Signature of Signing Officer or Director

Date