

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000058899

Entity Name: N97GB CORP.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

815 SOUTH MAIN STREET  
MOULTRIE, GA 31768

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2576  
MOULTRIE, GA 31776

**New Mailing Address:**

P.O. BOX 2587  
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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. MCLEAN

PRES

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date