


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 016 ***150.00

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1. Entity Name
SUNBELT MARKETING INVESTMENT CORP.



Principal Place of Business 3255 S. SWEETWATER RD LITHIA SPRINGS, GA 30122	Mailing Address 3255 S. SWEETWATER RD LITHIA SPRINGS, GA 30122
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DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1259105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GILLFILLAN, JOHN S
STREET ADDRESS	3255 S. SWEETWATER RD.
CITY-ST-ZIP	LITHIA SPRINGS, GA 30122
TITLE	PD
NAME	MENEFEE, THOMAS M
STREET ADDRESS	3255 S. SWEETWATER RD.
CITY-ST-ZIP	LITHIA SPRINGS, GA 30122
TITLE	VSTD
NAME	PRAGER, KENNETH
STREET ADDRESS	3255 S. SWEETWATER RD.
CITY-ST-ZIP	LITHIA SPRINGS, GA 30122
TITLE	AS
NAME	SCROGGIN, JOHN J
STREET ADDRESS	3255 S. SWEETWATER RD.
CITY-ST-ZIP	LITHIA SPRINGS, GA 30122
TITLE	D
NAME	GILLFILLAN, SIEGLINDE K
STREET ADDRESS	3255 S. SWEETWATER RD.
CITY-ST-ZIP	LITHIA SPRINGS, GA 30122
TITLE	D
NAME	MENEFEE, PAMELA
STREET ADDRESS	3255 S. SWEETWATER RD.
CITY-ST-ZIP	LITHIA SPRINGS, GA 30122

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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 M. Menefee** 4-9-08 (770) 739-3740

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