

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002751

Entity Name: EBOARD SOLUTIONS, INC.

Current Principal Place of Business:

5120 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 30043

Current Mailing Address:

5120 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 30043 US

FEI Number: 51-0619059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH CT. NORTH
LOXAHATCHEE, FL 33470 US

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

Officer/Director Detail :

Title PRESIDENT
Name WILSON, VALARIE
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title SECRETARY
Name WILLIS, MARK A
Address 5120 SUGARLOAF PARKWAY
City-State-Zip: LAWRENCEVILLE GA 30043

Title DIRECTOR
Name CREEL, WANDA
Address 508 OAK ST
City-State-Zip: GAINESVILLE GA 30501

Title DIRECTOR
Name KELLEY, JAMES
Address 216 NEPTUNE DR
City-State-Zip: HENDERSONVILLE TN 37075

Title DIRECTOR
Name MCCARGO, WILLIAM
Address 2225 SUGARLOAF CLUB DR
City-State-Zip: DULUTH GA 30096

Title DIRECTOR
Name MITCHELL, BAILEY
Address 2257 PILGRIM MILL WAY
City-State-Zip: CUMMING GA 30041

Title DIRECTOR
Name TURPIN, AARON
Address 711 GREEN ST NW
City-State-Zip: GAINESVILLE GA 30501

Title DIRECTOR
Name LEE, WARREN
Address 1103 W MAGNOLIA ST
City-State-Zip: VALDOSTA GA 31601

Continues on page 2

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: MARK A WILLIS

SECRETARY

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRIFFIN, FRANK
Address 950 WHITE POND RD
City-State-Zip: LEESBURG GA 31763