

**2020 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        4234 DUTCHESS PARK RD  
City-State-Zip: FORT MYERS FL 33916

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

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

Title            DIRECTOR  
Name            HENDERSON-BAKER, SHAKILA  
Address        45 NORTHWOOD SPRINGS DR  
City-State-Zip: OXFORD GA 30054

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*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**

**05/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MCCARGO, BILL  
Address        2225 SUGARLOAF CLUB DRIVE  
City-State-Zip: DULUTH GA 30097