


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90034 048 ***150.00

DOCUMENT # J29540
 1. Entity Name
UNISOUTH, INC.



Principal Place of Business Mailing Address
 750 N. CENTRAL AVE. 750 N. CENTRAL AVE.
 PO DRAWER 29 PO DRAWER 29
 UMATILLA FL 32784 UMATILLA FL 32784

04020703



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-2774220** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EVANS, MAGGIE B
501 HWY. 19-A, STE.B-1
MT.DORA FL 32757

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUGH, M. GENE	
STREET ADDRESS	506 S CENTER ST	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, JOHN F JR	
STREET ADDRESS	14521 LAKE YALE RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALHOUN, CHARLES M	
STREET ADDRESS	240 LAKEVIEW STREET	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KICKLIGHTER, WILLIAM A	
STREET ADDRESS	HWY 44-A	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, GREGORY	
STREET ADDRESS	HWY 44 A	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milan Bakich	
STREET ADDRESS	40904 Hwy 19	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. Edward Clement	
STREET ADDRESS	404 Sassafras Lane	
CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine C. Hanson	
STREET ADDRESS	27603 SR 46	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lanny D. Husebo	
STREET ADDRESS	1319 Shelfer St.	
CITY-ST-ZIP	Leesburg, FL 34749	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Westervelt	
STREET ADDRESS	13828 Yale Hammock Rd.	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	SVP/Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Connie Frady	
STREET ADDRESS	7256 Chesterhill Circle	
CITY-ST-ZIP	Mt. Dora, FL 32757	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C Frady Connie Frady 3/19/04 (352)669-2121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #