

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J29540

FILED
Jan 21, 2009
Secretary of State

Entity Name: UNISOUTH, INC.

Current Principal Place of Business:

750 N. CENTRAL AVE.
PO DRAWER 29
UMATILLA, FL 32784

New Principal Place of Business:

Current Mailing Address:

750 N. CENTRAL AVE.
PO DRAWER 29
UMATILLA, FL 32784

New Mailing Address:

FEI Number: 59-2774220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENT, EDWARD G
308 E 5TH AVE
MT.DORA, FL 32757 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: KICKLIGHTER, WILLIAM A
Address: 39063 N. CR. 44A
City-St-Zip: UMATILLA, FL 32784

Title: CEOP () Delete
Name: NELSON, GREGORY
Address: 38963 N. CR.. 44A
City-St-Zip: UMATILLA, FL 32784

Title: SVPS () Delete
Name: FRADY, CONNIE
Address: 7256 CHESTERHILL CIRCLE
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: HUSEBO, LANNY D
Address: 33845 OVERTON DR.
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: HANSON, CATHERINE
Address: 35715 SR. 46
City-St-Zip: SORRENTO, FL 32776

Title: DVC () Delete
Name: WESTERVELT, JOHN P
Address: 105 W. COLLINS ST.
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE FRADY

SVPS

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date