


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90259 006 ***150.00

DOCUMENT # P04000036077

1. Entity Name
43RD SOUTH, INC.



Principal Place of Business
**4840 NW 50TH TERRAE
 GAINESVILLE, FL 32606**

Mailing Address
**4840 NW 50TH TERRAE
 GAINESVILLE, FL 32606**

50042041



2. Principal Place of Business
4840 NW 50 Terrace

3. Mailing Address
2772-S NW 43rd Street

Suite, Apt. #, etc.

02252005 Chg-P CR2E034 (10/03)

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number
13-4274601

Applied For
 Not Applicable

Zip
32606

Country
USA

Zip
32606

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAKMIS, PAUL J
 4840 NW 50TH TERRAE
 GAINESVILLE, FL 32606**

Name
CAKMIS, PAUL J.

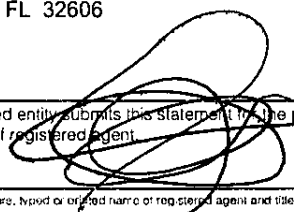
Street Address (P.O. Box Number is Not Acceptable)
4840 NW 50th Terrace

City
Gainesville

FL

Zip Code
32606

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 **X**  DATE **x 4-18-05**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete CAKMIS, PAUL J 4840 NW 50TH TERRAE GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cakmis, Paul J. 4840 NW 50 Terrace Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete CAKMIS, PAUL J 4840 NW 50TH TERRAE GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cakmis, Paul J. 4840 NW 50 Terrace Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 full or limited power.

SIGNATURE: **X**  **Paul J. Cakmis, Pres.** DATE **x 4-18-05** DAYLINE PHONE **(352) 378-9167**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR