2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040593

Entity Name: FIRST BANKING SERVICES OF THE SOUTH, INC.

FILED Mar 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 29 EGLIN PKWY FT WALTON BEACH, FL 32549 US **Current Mailing Address: New Mailing Address:** P O BOX DRAWER 1327 FT WALTON BEACH, FL 32549 US FEI Number: 59-3184773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEASLEY, J. LARRY SR. 29 EGLIN PKWY FT WALTON BEACH, FL 32548 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BEASLEY, J. LARRY SR. Name: Name: 29 EGLIN PKWY. Address: Address: City-St-Zip: FT. WALTON BEACH, FL 32549 City-St-Zip: Title: Title: () Delete () Change () Addition Name: TRINGAS, JOHN J. Name: 29 EGLIN PKWY Address: Address: FT. WALTON BEACH, FL 32549 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition FAISON, GREG Name: Name: 218 E. BROAD STREET Address: Address: City-St-Zip: EUFAULA, AL 36027 City-St-Zip: Title: () Delete Title: () Change () Addition TUCKER, JIMMY Name: Name: Address: 29 EGLIN PKWY Address: City-St-Zip: FT WALTON BEACH, FL 32549 City-St-Zip: Title: Title: () Delete () Change () Addition LITHGOW, TRACY Name: Name: 29 N. EGLIN PKY Address: Address: FT WALTON BEACH, FL 32549 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MATTHEWS, JUSTIN Name: Name: 29 N EGLIN PKWY Address: Address: City-St-Zip: City-St-Zip: FT WALTON BEACH, FL 32549

I hereby certify that the information supplied with this filing does not qualify for the 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: J. LARRY BEASLEY, SR. PD 03/17/2006