


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000067082**


1. Entity Name  
**NEW SOUTH CONSTRUCTION, CORP.**



Principal Place of Business      Mailing Address  
**P.O. BOX 66**      **P.O. BOX 66**  
**FT OGDEN, FL 34267**      **FT OGDEN, FL 34267**

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

Zip      Country      Zip      Country



03152005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0940784**      Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, RONALD A**  
**10897 SW CR 761**  
**FT OGDEN, FL 34267**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> Delete
NAME	JONES, RONALD A	
STREET ADDRESS	10897 SW CR 761	
CITY - ST - ZIP	FT OGDEN, FL 34267	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, TARA WELLES	
STREET ADDRESS	10897 SW CR 761	
CITY - ST - ZIP	FT OGDEN, FL 34267	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1000000282289       Change       Addition  
 03/31/05-80038-007 150.00

12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 lines empowered.

SIGNATURE: Ronald A. Jones      3/28/05      9466280105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #