


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V57935
 1. Entity Name
 SOUTH MANAGEMENT CORP.



Principal Place of Business 147 DELTA DR PITTSBURGH, PA 15238	Mailing Address 147 DELTA DR PITTSBURGH, PA 15238
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02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1696738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 MCCLURE, ROBERT W
 3461 BONITA BAY BLVD.
 SUITE 101
 BONITA SPRINGS, FL 34134

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUBERT, DANIEL E. 147 DELTA DRIVE PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLIGATTI, TODD 147 DELTA DRIVE PITTSBURGH, PA 15238
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 05/04/05-80156-004 300.00

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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 life empowered.

SIGNATURE: *[Signature]* 3/11/05 712/963-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #