

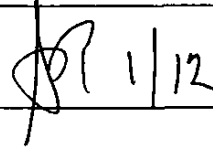
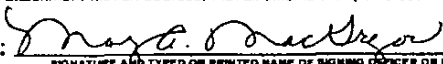


2006 FOR PROFIT CORPORATION ANNUAL REPORT

01-09-2006 90030 022 ***150.00
270902

DOCUMENT # 270902 1. Entity Name BANK OF THE SOUTH						FILED 06 JAN 12 PM 2:36 40900129 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4410 FAIRFIELD DRIVE PENSACOLA, FL 32506 US				Mailing Address P.O. BOX 3229 PENSACOLA, FL 32516 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-1050700				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TYRRELL, ROSE MARIE 1077 GERHARDT DR PENSACOLA, FL 32503				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MAIR, DONNA 109 BAYSHORE DRIVE PENSACOLA, FL 32507 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Mair, Donna 585 Windrose Circle Pensacola, FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROSENBLUM, ALAN 417 CANTERBURY LN GULF BREEZE, FL 32581 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	AVP Nunnally, Nancy 1016 Kearney Drive Pensacola, FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WOODBURY, WILLIAM P 1061 HARBOURVIEW CIRCLE PENSACOLA, FL 32507 <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	AC MACGREGOR, MARY 14710 GREGOR LANE PENSACOLA, FL 32507 <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	DEVP TYRRELL, ROSE MARIE 1077 GERHARDT DR PENSACOLA, FL 32503 <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	VD WOODBURY, CHARLES P. III 4060 BARRANCAS AVE PENSACOLA, FL <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 exemptions contained 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 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 like empowered.							
SIGNATURE: 				1/04/06 (850) 456 5722			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mary A. MacGregor, AC							