


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90021 050 ***150.00

DOCUMENT # F04000001595 1. Entity Name FIRST SOUTH PROPERTIES USA, INC.					
Principal Place of Business 3133 CEDAR PARK ROAD GREENSBORO, NC 27405			Mailing Address PO BOX 14280 GREENSBORO, NC 27415		
2. Principal Place of Business - No P.O. Box # 1892 Trox St Suite, Apt. #, etc.		3. Mailing Address 1892 Trox St. Suite, Apt. #, etc.			
City & State Greensboro, NC Zip 27406 Country Guilford		City & State Greensboro, NC Zip 27406 Country Guilford		4. FEI Number 20-0519409	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STOVER, WILLIAM T 1401 NE STREET POMPANO BEACH, FL 33060			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STOVER, WILLIAM T P.O. BOX 14280 GREENSBORO, NC 27415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWSON, THOMAS B P.O. BOX 14280 GREENSBORO, NC 27415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JONES, ROBERT A P.O. BOX 14280 GREENSBORO, NC 27415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELL, MYRA M P.O. BOX 14280 GREENSBORO, NC 27415	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1892 Trox St. GREENSBORO, NC 27406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: <i>Myra M. Pell, Secretary</i> Myra M. Pell 7/3/08 336-211-2892 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

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