


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

40906129
COUNTY OF STATE
PALM BEACH, 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

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1050700

Applied For
Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MAIR, DONNA | |
| STREET ADDRESS | 109 BAYSHORE DRIVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32507 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROSENBLUM, ALAN | |
| STREET ADDRESS | 417 CANTERBURY LN | |
| CITY-ST-ZIP | GULF BREEZE, FL 32581 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WOODBURY, WILLIAM P | |
| STREET ADDRESS | 1061 HARBOURVIEW CIRCLE | |
| CITY-ST-ZIP | PENSACOLA, FL 32507 | |
| TITLE | AC | <input type="checkbox"/> Delete |
| NAME | MACGREGOR, MARY | |
| STREET ADDRESS | 14710 GREGOR LANE | |
| CITY-ST-ZIP | PENSACOLA, FL 32507 | |
| TITLE | DEVP | <input type="checkbox"/> Delete |
| NAME | TYRRELL, ROSE MARIE | |
| STREET ADDRESS | 1077 GERHARDT DR | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WOODBURY, CHARLES P. III | |
| STREET ADDRESS | 4060 BARRANCAS AVE | |
| CITY-ST-ZIP | PENSACOLA, FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mair, Donna | |
| STREET ADDRESS | 585 Windrose Circle | |
| CITY-ST-ZIP | Pensacola, FL 32507 | |
| TITLE | AVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nunnally, Nancy | |
| STREET ADDRESS | 1016 Kearney Drive | |
| CITY-ST-ZIP | Pensacola, FL 32505 | |
| 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 | | |

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: *Mary A. MacGregor* 1/04/06 (850) 456 5722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

Mary A. MacGregor, AC