

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # 270902

1. Entity Name
BANK OF THE SOUTH



Principal Place of Business
**4410 FAIRFIELD DRIVE
PENSACOLA, FL 32506 US**

Mailing Address
**P.O. BOX 3229
PENSACOLA, FL 32516 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAIR, DONNA
STREET ADDRESS	585 WINDROSE CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	ROSENBLOOM, ALAN
STREET ADDRESS	417 CANTERBURY LN
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	WOODBURY, WILLIAM P
STREET ADDRESS	1061 HARBOURVIEW CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	AC
NAME	MACGREGOR, MARY
STREET ADDRESS	14710 GREGOR LANE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	DEVP
NAME	TYRRELL, ROSE MARIE
STREET ADDRESS	1077 GERHARDT DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VD
NAME	WOODBURY, CHARLES P. III
STREET ADDRESS	4060 BARRANCAS AVE
CITY-ST-ZIP	PENSACOLA, FL

000000786325
01/17/08-80036-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Donna Mair

Donna Mair

1/11/08

850 567 5722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #