# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 297545

1. Entity Name
1900 SOUTH INC

| Principal Place of Business | Mailing Address |
|---|---|
| 340 REMINGTON RUN LOOP<br>TALLAHASSEE, FL 32312 | 340 REMINGTON RUN LOOP<br>1919 GIBBS DRIVE<br>TALLAHASSEE, FL 32312 |

DO NOT WRITE IN THIS SPACE

04172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1155764
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

F.R. COXEN
340 REMINGTON RUN LOOP
TALLAHASSEE, FL 32312

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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 Forrest R Coxen FORREST R. COXEN, SECY-TREASURER APRIL 28, 2006
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, 2006 Fee will be $550.00**

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

000000551847
05/13/06-80116-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | POLAK, BARBARA |
| STREET ADDRESS | 90 3 PIEDMONT DR |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | D |
| NAME | SHAW JR,FRANK |
| STREET ADDRESS | 703 S RIDE |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | DST |
| NAME | COXEN,F R |
| STREET ADDRESS | 340 REMINGTON RUN LOOP |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 Forrest R Coxen FORREST R. COXEN, SECY-TREASURER APR 28 2006 (850) 385-3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #