

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000562

FILED
Jan 21, 2009
Secretary of State

Entity Name: FIRST SOUTH DEVELOPMENT & INVESTMENT CORPORATION

Current Principal Place of Business:

1892 TROX STREET
GREENSBORO, NC 27406

New Principal Place of Business:

Current Mailing Address:

1401 NE 10TH ST
POMPAÑO BEACH, FL 33060

New Mailing Address:

1892 TROX STREET
GREENSBORO, NC 27406

FEI Number: 56-1601267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOVER, WILLIAM T
1401 NE 10TH ST.
POMPAÑO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCT () Delete
Name: STOVER, WILLIAM T
Address: 1892 TROX STREET
City-St-Zip: GREENSBORO, NC 27406

Title: S () Delete
Name: PELL, MYRA M
Address: 1892 TROX STREET
City-St-Zip: GREENSBORO, NC 27406

Title: AS () Delete
Name: CZORNIJ, DIANE H
Address: 1892 TROX STREET
City-St-Zip: GREENSBORO, NC 27406

Title: VP () Delete
Name: CROWSON, THOMAS B
Address: 1892 TROX STREET
City-St-Zip: GREENSBORO, NC 27406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRA M. PELL

S

01/21/2009

Electronic Signature of Signing Officer or Director

Date