## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # F03000004303 1. Entity Name MID-SOUTH CREDIT BUREAUS, INC.

FILED Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1410 INDUSTRIAL PARK ROAD PARIS, TN 38242 P.O. BOX 548 Paris, TN 38242



DO NOT WRITE IN THIS SPACE

03102006	No Chg-P	CR2E034 (11/05)		
4. FEI Number		1	Applied For Not Applicable	
62-0994	511	İ	Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM . 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324			IN THIS SPACE		
	named entity submits this statement for the p illans at registered agent.	urpose of changing its registere	d office or registered agent, or bo	ith, in the State of Florida. 1 am familiar w	ith, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature required when reinstating)	DATE	
Fil. After M	E NOWIN FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.	cing \$5,00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BRANCH, HOMER 1906 STONEGATE DRIVE PARIS, TN 38242			U00000499472 04/18/06-80018-009	150 00
title name street address city-st-zip	S KIRKLAND, HANK 140 DAVID COURT MCKENZIE, TN 38201			047 107 00 00010 000	150100
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS					

12. It hereby certify that the information supplied with this filling 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-truetee 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 applicas, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED DRY JUNTED HAME OF SIGNING OFFICER OR UNCOTOR

03/27/06

(731)644-9551

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