2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # F0400001494 1. Entity Name PALMETTO SOUTH MORTGAGE CORP.					Sec	cretary o	or State
Principal Place 840 SHULL ST WEST COLUMB	REET, SUITE B	_Mailing Address 840 SHULL STREET, SUITE B _WEST COLUMBIA, SC 29169			20 8 10 20 20		
De	O NOT WRITE	CE	01062005		CR2E034 (10/	Applied For	
				57-112 5. Certificate	26920 of Status Desired	\$8.75	Not Applicable Additional uired
	6. Name and Address of Current R	egistered Agent			•	-	
FLORIDA COMPLIANCE SPECIALISTS, INC. 2331 HANSEN COURT TALLAHASSEE, FL 32301					NOT W THIS SP		
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 it applicable. (NOTE: Registered Agent algebraic required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.				.00 May Be ed to Fees	U0000 	10176024 - 00075-003	150 75
TITLE F	OFFICERS AND D	RECTORS	ł		WAT AUS UU	, 60015 000	130. [3
NAME I	MCCOY, GREGORY A	-					1
CITY-ST-ZIP L	125 PEPPER HARROW LANE LEXINGTON, SC 29073	. = 12			. :		
NAME E STREET ADDRESS 1	VT BRANHAM, CHARLES E 105 LAND STONE CIRCLE RMO, SC 29063						
TITLE			1				
NAME STREET ADDRESS				DΩ	NOT W	DITE	
CITY-ST-ZIP			-				1
TITLE NAME				IN	THIS SF	ACE	:
STREET ADDRESS CITY-ST-ZIP							1
TITLE			1				
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 direct 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 10 o							
SIGNATURE: 101 4 MW GREGORY A. MCCOY President 1/6/05 AGRICULTE AND THAT OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR Date Date Detail Design Phone #							