

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000695

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: PEOPLESSOUTH BANK, INC.

## Current Principal Place of Business:

203 CRAWFORD STREET  
COLQUITT, GA 39837

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 218  
COLQUITT, GA 39837

## New Mailing Address:

FEI Number: 58-1171935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, ROBERT  
2456 COMMERCIAL PARK DRIVE  
MARIANNA, FL 32447 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: CHRM ( ) Delete  
Name: MERRITT, H.J. MD  
Address: 501 N. FIRST STREET  
City-St-Zip: COLQUITT, GA 39837

Title: VCHR ( ) Delete  
Name: STUCKEY, RICKEY R  
Address: 630 BELLEVUE ROAD  
City-St-Zip: COLQUITT, GA 39837

Title: P ( ) Delete  
Name: STUCKEY, RICKEY R  
Address: P.O. BOX 218  
City-St-Zip: COLQUITT, GA 39837

Title: VST ( ) Delete  
Name: WOMBLE, SANDRA  
Address: P.O. BOX 218  
City-St-Zip: COLQUITT, GA 39837

Title: D ( ) Delete  
Name: BROOKS, LAMAR  
Address: 630 BELLVIEW ROAD  
City-St-Zip: COLQUITT, GA 39837

Title: D ( ) Delete  
Name: GROW, C.E. JR.  
Address: 733 HIGHWAY 45 NORTH  
City-St-Zip: COLQUITT, GA 39837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCHR (X) Change ( ) Addition  
Name: STUCKEY, RICKEY E  
Address: 203 CRAWFORD STREET  
City-St-Zip: COLQUITT, GA 39837

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 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: SANDRA WOMBLE

VST

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date