2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# F06000000695

Entity Name: PEOPLESSOUTH BANK, INC.

Current Principal Place of Business:

203 WEST 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:	STUCKEY, RICKEY E	
Address:	206 WEST CRAWFORD STREET	
City-St-Zip:	COLQUITT, GA 39837	
Title:	P	( ) Delete
Name:	STUCKEY, RICKEY E	
Address:	203 CRAWFORD STREET	
City-St-Zip:	COLQUITT, GA 39837	
Title:	VST	( ) Delete
Name:	WOMBLE, SANDRA W	
Address:	P O BOX 218	
City-St-Zip:	COLQUITT, GA 39837	
Title:	D	( ) Delete
Name:	RENTZ, RONALD	
Address:	207 D WEST MAIN	
City-St-Zip:	COLQUITT, GA 39837	
Title:	D	( ) Delete
Name:	GRIMSLEY, JERRY C	
Address:	560 GRIMSLEY 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:	CHRM	(X) Change ( ) Addition
Name:	STUCKEY, RICKEY E	
Address:	203 WEST 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:		
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: SANDRA WOMBLE VST 02/13/2009

Electronic Signature of Signing Officer or Director — Date