

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001947

FILED
Feb 22, 2007
Secretary of State

Entity Name: LIFE OF THE SOUTH SERVICE COMPANY

Current Principal Place of Business:

100 WEST BAY STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

100 WEST BAY STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 58-1761017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSTON, JR., ESQ, CLARENCE H
CONE, YONG, STEWART & HOUSTON, P.A.
1050 RIVERSIDE AVE., (P.O. BOX 4550, 32201)
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

HOUSTON, JR., ESQ, CLARENCE H
CONE, YONG, STEWART & HOUSTON, P.A.
1050 RIVERSIDE AVE.
JACKSONVILLE, FL 32204 US

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:

02/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: HOUSTON, N G III
Address: PO BOX 925/ 205 DOGWOOD DR.
City-St-Zip: NASHVILLE, GA 31639

Title: DVST () Delete
Name: HARDEGREE, DAVID L
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP () Delete
Name: HAMIL, NED
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: SHAW, LOYD L
Address: PO BOX 925/ DOGWOOD DR.
City-St-Zip: NASHVILLE, GA 31639

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 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: DAVID L. HARDEGREE

DVST

02/22/2007

Electronic Signature of Signing Officer or Director

Date