

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000446

Entity Name: MIDSOUTH CAPITAL, INC.

FILED  
Jun 01, 2005  
Secretary of State

**Current Principal Place of Business:**

601 WOODLAWN DRIVE  
SUITE 300  
MARIETTA, GA 30067 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 WOODLAWN DRIVE  
SUITE 300  
MARIETTA, GA 30067 US

**New Mailing Address:**

FEI Number: 57-0983535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILLCRIST, STEPHANIE  
7956 HOLLYRIDGE ROAD  
JACKSONVILLE, FL 32256 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: DCEO ( ) Delete  
Name: HILL, MARK D  
Address: 370 DOGWOOD TRAIL  
City-St-Zip: MARIETTA, GA 30067

Title: DSVP (X) Delete  
Name: LAVIELLE, PAUL C  
Address: 2350 MITCHELL ROAD  
City-St-Zip: MARIETTA, GA 30062

Title: DCFO ( ) Delete  
Name: MARGESON, JOHN D JR  
Address: 545 GREENLAND RD.  
City-St-Zip: ATLANTA, GA 30342

Title: VD ( ) Delete  
Name: MARGESON, JOHN D JR  
Address: 601 WOODLANE DR STE300  
City-St-Zip: MARIETTA, GA 30067

**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: VD (X) Change ( ) Addition  
Name: MARGESON, JOHN D JR  
Address: 601 WOODLANE DR STE 300  
City-St-Zip: MARIETTA, GA 30067

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REBECCA L. BROOKS

ACS

06/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date