

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003754	
1. Entity Name EASTGROUP PROPERTIES, INC.	

Principal Place of Business 188 E CAPITOL STREET 300 ONE JACKSON PLACE JACKSON, MS 39201	Mailing Address 188 E CAPITOL STREET 300 ONE JACKSON PLACE JACKSON, MS 39201
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02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2711135	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**000000344771
04/30/05-80010-004 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPEED, LELAND R 300 ONE JACKSON PL-188 E CAPITAL ST JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSTER, DAVID H II 300 ONE JACKSON PL-188 E CAPITAL ST JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCF MCKEY, N KEITH 300 ONE JACKSON PL-188 E CAPITAL ST JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCS CORKERN, BRUCE 300 ONE JACKSON PL-188 E CAPITAL ST JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALOIAN, D PIKE 300 ONE JACKSON PL-188 E CAPITAL ST JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANAGNAS, ALEXANDER G 300 ONE JACKSON PL-188 E CAPITAL ST JACKSON, MS 39201

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. Keith McKey N. Keith McKey 4-22-05 601-354-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #