


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L92405
 1. Entity Name
PARTNERS SOUTH CORPORATION



Principal Place of Business Mailing Address
11380 S US 301 **P.O. BOX 1326**
WEBSTER, FL 33597 US **BUSHNELL, FL 33513 US**

DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3031346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PICKERING, CARLIN E.
11380 S US 301
WEBSTER, FL 33597

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKERING, CARLIN E 11380 S US 301 WEBSTER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMASKY, JOHN 406 BECKWITH AVE. ENDWELL, NY 13760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Carlin E. Pickering 2-6-05 3527936543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #