


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 036 ****61.25

DOCUMENT # N01000003830 1. Entity Name THREE SERVICEMEN STATUE SOUTH, INC.																																																							
Principal Place of Business 1000 BAY CITY RD APALACHICOLA, FL 32320			Mailing Address PO BOX 68 APALACHICOLA, FL 32329																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																					
City & State		City & State		4. FEI Number 59-3723250																																																			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																			
CURENTON, MARK C 34 FORBES ST STE 1 APALACHICOLA, FL 32320				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOSCONIS, JIMMY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 BAY CITY RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>APALACHICOLA, FL 32320</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DST</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CURENTON, MARK C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34 FORBES ST STE 1</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>APALACHICOLA, FL 32320</td> <td></td> </tr> </table> </div> </div>						TITLE	DP	<input type="checkbox"/> Delete	NAME	MOSCONIS, JIMMY		STREET ADDRESS	1000 BAY CITY RD		CITY - ST - ZIP	APALACHICOLA, FL 32320		TITLE	DST	<input type="checkbox"/> Delete	NAME	CURENTON, MARK C		STREET ADDRESS	34 FORBES ST STE 1		CITY - ST - ZIP	APALACHICOLA, FL 32320		<div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Director</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Blaylock, Dewey</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7750 Robinwood Dr.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Port St. Joe, Florida 32456</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Director</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Duran, George</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 DuPont Dr.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Port St. Joe, Florida 32456</td> <td></td> </tr> </table> </div>		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Blaylock, Dewey		STREET ADDRESS	7750 Robinwood Dr.		CITY - ST - ZIP	Port St. Joe, Florida 32456		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Duran, George		STREET ADDRESS	100 DuPont Dr.		CITY - ST - ZIP	Port St. Joe, Florida 32456	
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