

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000088108

1. Entity Name

NEW SOUTH INVESTMENT CORPORATION/USA



Principal Place of Business
117 SEAMARGE CIRCLE
PENSACOLA FL 32507

Mailing Address
117 SEAMARGE CIRCLE
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
63-0588367

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSEY, LINDA J
117 SEAMARGE CIR.
PENSACOLA FL 32507

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME HUNTER, R.K.
STREET ADDRESS 117 SEAMARGE IR.
CITY- ST- ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000244779
CITY- ST- ZIP 02/26/05-80032-019 158.75

TITLE DV ☐ Delete
NAME HUNTER, MARTHA ANN
STREET ADDRESS 117 SEAMARGE IR.
CITY- ST- ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DVST ☐ Delete
NAME MASSEY, LINDA J
STREET ADDRESS 406 PORT ROYAL WAY
CITY- ST- ZIP PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME JANIS, ROSE A
STREET ADDRESS 11404 MAPLE HILL PLACE
CITY- ST- ZIP GLEN ALLEN VA 23060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME STURDEVANT, TINA
STREET ADDRESS 15038 HOLLEYSIDE DRIVE
CITY- ST- ZIP DUMFRIES VA 22026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME COOPER, DONINE
STREET ADDRESS 5167 HOLLOW LOG LANE
CITY- ST- ZIP BIRMINGHAM AL 35244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #