

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90319 029 ***150.00

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1. Entity Name
 SOUTHTRUST, INC.

Principal Place of Business
 905 EAST CYPRESS CREEK
 FORT LAUDERDALE, FL 33334

Mailing Address
 1249 NORTH ORANGE AVE.
 ORLANDO, FL 32804



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
 22-3810557

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ALLUS, TREY
 1249 NORTH ORANGE AVE.
 ORLANDO, FL 32804

Name
 MICHELE QUATRALE

Street Address (P.O. Box Number is Not Acceptable)
 1249 N. ORANGE AVE.

City ~~ORANGE~~ ORLANDO FL Zip Code 32804

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 *Michele Quatrala*

DATE 4/26/04

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, 2004 Fee will be \$550.00

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 D Delete
 NAME PARRETT, JOHN E
 STREET ADDRESS 1249 NORTH ORANGE AVE.
 CITY-ST-ZIP ORLANDO, FL 32804

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME AULLS, ERNEST C. III
 STREET ADDRESS 1249 NORTH ORANGE AVENUE ← typo
 CITY-ST-ZIP ORLANDO, FL 32804

TITLE PD Change Addition
 NAME AULLS, ERNEST C. III
 STREET ADDRESS 1249 NORTH ORANGE AVENUE
 CITY-ST-ZIP ORLANDO, FL 32804

TITLE VP Delete
 NAME ADAMS, DARREL
 STREET ADDRESS 905 EAST CYPRESS CREEK RD
 CITY-ST-ZIP FORT LAUDERDALE, FL 33334

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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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: *John E. Parrett* / JOHN E. PARRETT 4/26/04 (407)422-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #