


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90287 010 ***158.75

DOCUMENT # P02000047930	
1. Entity Name OLDE SOUTH MORTGAGE GROUP, INC.	

Principal Place of Business 235 WEST GULF BEACH DR., STE. E ST. GEORGE ISLAND, FL 32328	Mailing Address 235 WEST GULF BEACH DR., STE. E ST. GEORGE ISLAND, FL 32328
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04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 235 W Gulf Beach Dr. Suite, Apt. #, etc. Suite E City & State Saint George Island, FL Zip 32328 Country US	3. Mailing Address 235 W. Gulf Beach Dr. Suite, Apt. #, etc. Suite E City & State St. George Island, FL Zip 32328 Country US
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4. FEI Number 02-0590971	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUTREY, LOUISE W 235 WEST GULF BEACH DR., STE. G ST. GEORGE ISLAND, FL 32328	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <u><i>Louise W. Autrey</i></u> DATE: <u>4/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTREY, LOUISE W 235 WEST GULF BEACH DR., STE. G ST. GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jessica Gilbert 235 W. Gulf Beach Dr. Ste E Saint George Island, FL 32328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPALDING, KIMBERLY 235 WEST GULF BEACH DR., STE. G ST. GEORGE ISLAND, FL 32328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUTREY, WALTER 235 WEST GULF BEACH DR., STE. E ST. GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	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: <u><i>Louise Autrey</i></u> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/15/04</u> Daytime Phone #: <u>850-927-4500</u>