## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2005 8:00 am **Secretary of State DOCUMENT # P02000047930** 1. Entity Name 02-11-2005 90029 029 \*\*\*150.00 OLDE SOUTH MORTGAGE GROUP, INC. Principal Place of Business 235 WEST GULF BEACH DR., STE E ST. GEORGE ISLAND FL 32328 235 WEST GULF BEACH DR., STE E ST. GEORGE ISLAND FL 32328 40016780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 02-0590971 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AUTREY, LOUISE W 235 WEST GULF BEACH DR., STE. G ST. GEORGE ISLAND FL 32328 Street Address (P.O. Box Number is Not Acceptable) City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THTLE Delete TITLE Pres. Louise W. autrece Change AUTREY, LOUISE W NAME NAME 235 W. Greef Beach Dr. Sto E. St. George Usland, J. 32328 235 WEST GULF BEACH DR., STE. G STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME GILBERT, JESSICA W NAME STREET ADDRESS 235 WEST GULF BEACH DR., STE E STREET ADDRESS ST. GEORGE ISLAND FL 32328 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME AUTREY, WALTER NAME STREET ADDRESS 235 WEST GULF BEACH DR., STE. E. STREET ADDRESS CITY-ST-ZIP ST. GEORGE ISLAND FL 32328 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED