


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90029 050 \*\*\*150.00

<b>DOCUMENT # P02000063702</b>	
1. Entity Name <b>FIRST SOUTH PROCESSING, INC.</b>	

Principal Place of Business <b>737 3RD AVENUE NORTH ST. PETERSBURG, FL 33701</b>	Mailing Address <b>737 3RD AVENUE NORTH ST. PETERSBURG, FL 33701</b>
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24000101

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PSTD WING, DAVID M 737 3RD AVENUE NORTH ST. PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** David Wing **1-27-04** **727 439-6634**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
24006151  
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Division of Corporations

## Annual Report

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Business Entity Name

FIRST SOUTH PROCESSING, INC.

FEI Number

045729979

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

## Principal Place of Business

Address

737 3RD AVENUE NORTH

Suite, Apt. #, etc.

City, State

ST. PETERSBURG

FL

Zip Code &amp; Country

33701

## Mailing Address

Address

737 3RD AVENUE NORTH

Suite, Apt. #, etc.

City, State

ST. PETERSBURG

FL

Zip Code &amp; Country

33701

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

SPIEGEL &amp; UTRERA, P.A.

Address

1840 SW 22ND ST.

Suite, Apt. #, etc.

4TH FLOOR

City, State

MIAMI

FL

Zip Code &amp; Country

33145

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Division of Corporations

## Annual Report

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Business Entity Name

FIRST SOUTH PROCESSING, INC.

Election Campaign Financing Trust Fund Contribution Yes No

## Officer/Director Name And Address

Title PSTD  
Name (Last, First, Middle, Title) WING DAVID M  
-or- Entity Name  
Street Address 737 3RD AVENUE NORTH  
City, State ST. PETERSBURG FL  
Zip Code & Country 33701

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address