

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066118

FILED  
Mar 31, 2006  
Secretary of State

Entity Name: DOWN SOUTH DEVELOPERS, INC.

## Current Principal Place of Business:

96136 CONNER LANE  
YULEE, FL 32097

## New Principal Place of Business:

96136 CONNER LANE  
YULEE, FL 32097

## Current Mailing Address:

96136 CONNER LANE  
YULEE, FL 32097

## New Mailing Address:

96136 CONNER LANE  
YULEE, FL 32097

FEI Number: 56-2284668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROBERTS, DENISE R CPA  
502 EAST STATE ROAD 200, #4  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ST. ORES, SCOTT A  
Address: 1218 CONNER LANE  
City-St-Zip: YULEE, FL 32097

Title: VP ( ) Delete  
Name: ST. ORES, MARK A  
Address: 1796 MOBLEY HEIGHTS ROAD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T ( ) Delete  
Name: ST. ORES, JOANNE L  
Address: 96136 CONNER LANE  
City-St-Zip: YULEE, FL 32097

Title: S ( ) Delete  
Name: BROWN, HOLLY A  
Address: 96136 CONNER LANE  
City-St-Zip: YULEE, FL 32097

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ST. ORES, SCOTT A  
Address: 96136 CONNER LANE  
City-St-Zip: YULEE, FL 32097

Title: VP (X) Change ( ) Addition  
Name: ST. ORES, MARK A  
Address: 76298 LONG POND LOOP  
City-St-Zip: YULEE, FL 32097

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BROWN, HOLLY A  
Address: 17 JASMINE PLACE  
City-St-Zip: FERNENDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE ST. ORES

TREA

03/31/2006

Electronic Signature of Signing Officer or Director

Date