

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110151

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: SUNSOUTH CAPITAL, INC,

**Current Principal Place of Business:**

136 S HOLIDAY ROAD  
SUITE D  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1910  
DOTHAN, AL 36302

**New Mailing Address:**

FEI Number: 32-0038113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEDLEY, MICHAEL A  
136 S HOLIDAY ROAD  
SUITE D  
MIRIMAR BEACH, FL 32550 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: SONMOR, JOHN  
Address: 2664 COUNTY ROAD 83 SOUTH  
City-St-Zip: HEADLAND, AL 36345

Title: D ( ) Delete  
Name: MEDLEY, MICHAEL A  
Address: 14 TWIN OAKS  
City-St-Zip: DOTHAN, AL 36303

Title: D ( ) Delete  
Name: MCCANN, MICHAEL P  
Address: 34 WOODMERE DRIVE  
City-St-Zip: DOTHAN, AL 36305

Title: D ( ) Delete  
Name: BEAN, MICHAEL A  
Address: 106 HIDDEN PINE PL.  
City-St-Zip: DOTHAN, AL 36305

Title: D ( ) Delete  
Name: CASH, JOHN W  
Address: 3655 SCENIC HIGHWAY 98, #301B  
City-St-Zip: DESTIN, FL 32541

Title: O ( ) Delete  
Name: TRIMM, ROBIN  
Address: 405 WESTBROOK RD.  
City-St-Zip: DOTHAN, AL 36303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN TRIMM

Electronic Signature of Signing Officer or Director

CFO

03/19/2008

Date