

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110151

FILED
Mar 17, 2009
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

O

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date