

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000005300

FILED
Nov 14, 2007
Secretary of State**Entity Name:** SOUTH TRUST FUNDING INC.**Current Principal Place of Business:**1702 LITHIA PINECREST RD
BRANDON, FL 33511 US**New Principal Place of Business:****Current Mailing Address:**1702 LITHIA PINECREST RD
BRANDON, FL 33511 US**New Mailing Address:****FEI Number:** 20-1003292**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAPE, RANDY L
6105 CHURCHSIDE DR
LITHIA, FL 33547 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: LAPE, RANDY
Address: 6105 CHURCHSIDE DR
City-St-Zip: LITHIA, FL 33547**Title:** VP (X) Delete
Name: MORELAND, TONI
Address: 16415 RIDGELAWN AVE
City-St-Zip: LITHIA, FL 33547**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: RANDY LAPE

P

11/14/2007

Electronic Signature of Signing Officer or Director_____
Date