

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000037312

1. Entity Name
NEW SOUTH SYSTEMS, INC.



FILED

06 MAR 31 AM 11:58

RECEIVED AT STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7900 EVEING STAR LANE
TALLAHASSEE, FL 32312

Mailing Address
7900 EVEING STAR LANE
TALLAHASSEE, FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0712437

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARHAM, TERRILL G
7900 EVEING STAR LANE
TALLAHASSEE, FL 32312

Name
Matthew H. Gilbert

Street Address (P.O. Box Number is Not Acceptable)

2378 Mahan Dr

City
Tallahassee

FL

Zip Code
32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.16.06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
PARHAM, TERRILL G
7900 EVEING STAR LANE
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500070475795
04/14/06--01071--008 ***\$1.25 ☐ Change ☐ Addition

TITLE
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PARHAM, MELISSA A.D.
7900 EVEING STAR LANE
TALLAHASSEE, FL 32312 ☐ Delete

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.16.06