

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90166 048 ***150.00

DOCUMENT # P05000040538					
1. Entity Name MOVE N SOUTH, INC.					
Principal Place of Business 2908 W. GADSDEN STREET PENSACOLA, FL 32505			Mailing Address 2908 W. GADSDEN STREET PENSACOLA, FL 32505		
2. Principal Place of Business 7950 Stallworth Lane Suite, Apt. #, etc.		3. Mailing Address 7950 Stallworth Lane Suite, Apt. #, etc.			
City & State Pensacola FL		City & State		4. FEI Number 20-2649738	
Zip 32526		Country Escombia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REEVES, GARY W JR 312 CALHOUN AVE PENSACOLA, FL 32507			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME REEVES, GARY W JR. STREET ADDRESS 312 CALHOUN AVE CITY-ST-ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME REEVES, DEBORAH L STREET ADDRESS 312 CALHOUN AVE CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME FIELDS, CLIFFORD B III STREET ADDRESS 2908 W. GADSDEN STREET CITY-ST-ZIP PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE VP NAME Fields Clifford B. III STREET ADDRESS 7950 Stallworth Lane CITY-ST-ZIP Pensacola FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: <u>Clifford B. Fields III</u> <u>4/27/06</u> <u>850 712 0221</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					