


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90093 025 \*\*\*150.00

<b>DOCUMENT # P05000143318</b>	
1. Entity Name <b>GULFSOUTH PRIVATE BANK</b>	

Principal Place of Business <b>305 MAIN STREET DESTIN, FL 32541</b>	Mailing Address <b>PO BOX 129 DESTIN, FL 32540</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**40073176**

Date \_\_\_\_\_



03272007 Chg-P CR2E034 (12/06)

4. FEI Number <b>72-1598380</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ATKINS, ANTHONY J. 305 MAIN STREET DESTIN, FL 32541</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ATKINS, ANTHONY J</b> <b>4071 BURNING TREE DR 4097 INDIAN BAYOU N.</b> <b>DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C</b> <b>PURSER L. MCLEOD, JR</b> <b>2504 Agnew STREET</b> <b>MONT GOMERY, AL 36106</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNETT, ROBERT H</b> <b>1920 MAIN STREET</b> <b>LOUISVILLE, AL 36048</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMES STEVE JAY</b> <b>306 EAST LAKE DR.</b> <b>SHALIMAR, FL 32579</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRANNON, GEORGE T</b> <b>69 SIERRA DUNES @ TOPS'L</b> <b>MIRAMAR BEACH, FL 32550</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN H. WILLIAMS</b> <b>6 MORENO POINT</b> <b>DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CODY, ROBERT M</b> <b>463 OUTBACK RD</b> <b>CLAYTON, AL 36016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>DAVID T. ROBERTS</b> <b>83 COUNTRY CLUB DR W.</b> <b>DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOUGHERTY, JOSEPH P</b> <b>4043 KATS CT</b> <b>DESTIN, FL 32541</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NIAL D. SCALLY</b> <b>539 CALLE ESCADA</b> <b>SANTA ROSA BEACH FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENRY, THOMAS B</b> <b>1331 NURSERY RD</b> <b>SANTA ROSA BEACH, FL 32459</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/07**

**850-269-0871**

Date

Daytime Phone #