

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000118244

FILED
Aug 08, 2008
Secretary of State**Entity Name:** FIRST SOUTH HOMEFUNDING INC.**Current Principal Place of Business:**6339-1 ARGYLE FOREST BLVD
SUITE 1
JACKSONVILLE, FL 32244**New Principal Place of Business:****Current Mailing Address:**6339-1 ARGYLE FOREST BLVD
SUITE 1
JACKSONVILLE, FL 32244**New Mailing Address:****FEI Number:** 06-1792281**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROGERS, RACHEL A
6339-1 ARGYLE FOREST BLVD
JACKSONVILLE, FL 32244 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: TOUCHTON, PALMER ALLEN
Address: 6339-1 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32244**Title:** ST () Delete
Name: ROGERS, RACHEL A
Address: 6339-1 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32244**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: ROGERS, RACHEL A
Address: 6339-1 ARGYLE FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32244**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: RACHEL ROGERS

P

08/08/2008

Electronic Signature of Signing Officer or Director

Date