


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P30356</b> 1. Entity Name <b>MORTGAGE GROUP SOUTH CORPORATION</b>	
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Principal Place of Business <b>2409 BEMISS RD. VALDOSTA, GA 31602</b>	Mailing Address <b>P.O. BOX 2285 VALDOSTA, GA 31604-2285 US</b>
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**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>58-1772615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PERRIN, DONALD F. 320 U.S. HIGHWAY 41 SOUTH INVERNESS, FL 32650</b>
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IN THIS SPACE**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, MARY T. 2409 BEMISS RD. VALDOSTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEWAR, JAMES L., JR. 2409 BEMISS RD. VALDOSTA, GA
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03/14/07-80034-021 158.75

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: Mary T. Johnson Mary T. Johnson 2/16/07 229-242-7759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone