

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000040593

FILED
Jan 09, 2008
Secretary of State

Entity Name: FIRST BANKING SERVICES OF THE SOUTH, INC.

Current Principal Place of Business:

29 EGLIN PKWY
FT WALTON BEACH, FL 32549 US

New Principal Place of Business:

Current Mailing Address:

P O BOX DRAWER 1327
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3184773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEASLEY, J. LARRY SR.
29 EGLIN PKWY
FT WALTON BEACH, FL 32548 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEASLEY, J. LARRY SR.
Address: 29 EGLIN PKWY.
City-St-Zip: FT. WALTON BEACH, FL 32549

Title: D () Delete
Name: TRINGAS, JOHN J.
Address: 29 EGLIN PKWY
City-St-Zip: FT. WALTON BEACH, FL 32549

Title: D () Delete
Name: FAISON, GREG
Address: 218 E. BROAD STREET
City-St-Zip: EUFAULA, AL 36027

Title: D () Delete
Name: TUCKER, JIMMY
Address: 29 EGLIN PKWY
City-St-Zip: FT WALTON BEACH, FL 32549

Title: V () Delete
Name: LITHGOW, TRACY
Address: 29 N. EGLIN PKY
City-St-Zip: FT WALTON BEACH, FL 32549

Title: V () Delete
Name: MATTHEWS, JUSTIN
Address: 29 N EGLIN PKWY
City-St-Zip: FT WALTON BEACH, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: J. LARRY BEASLEY, SR.

PD

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date