## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P93000040593

FILED Jan 22, 2008 Secretary of State

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

Current Principal Place of Business:				New Princi	New Principal Place of Business:			
29 EGLIN PKWY FT WALTON BEACH, FL 32549 US								
Current Mailing Address:				New Mailir	New Mailing Address:			
	RAWER 1327 N BEACH, FL		US					
FEI Number:	59-3184773	FEI Num	ber Applied For()	FEI Number Not Appli	cable ( )	Certifica	te of Status Desired ( )	
Name and	Address of C	urrent Re	egistered Agent:	Name and	Name and Address of New Registered Agent:			
BEASLEY, J. LARRY SR. 29 EGLIN PKWY FT WALTON BEACH, FL 32548 US								
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:								
	Electron	ic Signatu	ire of Registered Agent	İ			Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () BEASLEY, J. LA 29 EGLIN PKW FT. WALTON BE	Y.	32549	Title: Name: Address: City-St-Zip:	(	()Change(	)Addition	
Title: Name: Address: City-St-Zip:	D () TRINGAS, JOHN 29 EGLIN PKW FT. WALTON BE	Y	32549	Title: Name: Address: City-St-Zip:	(	()Change(	)Addition	
Title: Name: Address: City-St-Zip:	D (X) FAISON, GREG 218 E. BROAD S EUFAULA, AL 3	STREET		Title: Name: Address: City-St-Zip:	(	( ) Change(	)Addition	
Title: Name: Address: City-St-Zip:	D () TUCKER, JIMM 29 EGLIN PKW FT WALTON BE	Y	2549	Title: Name: Address: City-St-Zip:	(	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	V () LITHGOW, TRA 29 N. EGLIN PK FT WALTON BE	Y	2549	Title: Name: Address: City-St-Zip:	V ( LOTT, TRACY 29 N. EGLIN FT WALTON	PKY	`	
Title: Name: Address: City-St-Zip:	V () MATTHEWS, JU 29 N EGLIN PKV FT WALTON BE	ΛY	2549	Title: Name: Address: City-St-Zip:	(	()Change(	)Addition	
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								

SIGNATURE: J. LARRY BEASLEY, SR. PD 01/22/2008

above, or on an attachment with an address, with all other like empowered.