

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90060 015 \*\*\*150.00

<b>DOCUMENT # P94000045349</b> 1. Entity Name <b>OLD SOUTH CONSTRUCTION, INC.</b> ✓			
Principal Place of Business <del>4318 SOUNDSIDE DR.</del> <b>GULF BREEZE, FL 32563</b> ✓ US ✓		Mailing Address <del>4318 SOUNDSIDE DR.</del> <b>GULF BREEZE, FL 32563</b> ✓ US ✓	
2. Principal Place of Business - No P.O. Box # <b>406 Fairpoint Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>406 Fairpoint Dr.</b> Suite, Apt. #, etc.	
City & State <b>Gulf Breeze, FL</b> Zip <b>32561</b> Country		City & State <b>Gulf Breeze, FL</b> Zip <b>32561</b> Country	
4. FEI Number <b>59-3254957</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MILLER, STEPHEN K</b> ✓ <del>4318 SOUNDSIDE DRIVE</del> <b>406 Fairpoint Dr.</b> <b>GULF BREEZE, FL 32563</b> ✓ <b>32561</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's signature required when retreating)) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PBOD</b> <input type="checkbox"/> Delete NAME <b>MILLER, STEPHEN K.</b> ✓ STREET ADDRESS <del>4318 SOUNDSIDE DR.</del> <b>406 Fairpoint Dr.</b> CITY-ST-ZIP <b>GULF BREEZE, FL 32563 32561</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ✓ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-21-07 850-934-9451 <small>Date Daytime Phone #</small>	