


04-29-2004 90339 002 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000049450					
1. Entity Name FORMSOUTH, INC.					
Principal Place of Business 8256 ASHWORTH COURT JACKSONVILLE, FL 32256 US			Mailing Address PO BOX 57787 JACKSONVILLE, FL 32241		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, MALCOLM A 8256 ASHWORTH COURT JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named party 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: <i>Melba</i> DATE: 4/28/04					
<p>1099 Election Campaign Financing \$5.00 May Be Added to Fees 1099-B Dividend Income \$0.00 1099-INT Interest Income \$0.00 1099-MISC Miscellaneous Income \$0.00 1099-R Rents \$0.00 1099-S Dividend Income \$0.00 1099-SSA Social Security Administration \$0.00 1099-STATE State Income Tax \$0.00 1099-T Other Tax \$0.00 1099-DA Dividend Income \$0.00 1099-DC Dividend Income \$0.00 1099-DB Dividend Income \$0.00 1099-DE Dividend Income \$0.00 1099-DF Dividend Income \$0.00 1099-DI Dividend Income \$0.00 1099-DJ Dividend Income \$0.00 1099-DK Dividend Income \$0.00 1099-DL Dividend Income \$0.00 1099-DM Dividend Income \$0.00 1099-DN Dividend Income \$0.00 1099-DO Dividend Income \$0.00 1099-DP Dividend Income \$0.00 1099-DQ Dividend Income \$0.00 1099-DR Dividend Income \$0.00 1099-DS Dividend Income \$0.00 1099-DT Dividend Income \$0.00 1099-DU Dividend Income \$0.00 1099-DV Dividend Income \$0.00 1099-DW Dividend Income \$0.00 1099-DX Dividend Income \$0.00 1099-DY Dividend Income \$0.00 1099-DZ Dividend Income \$0.00</p>					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD	THOMPSON, MALCOLM A	8256 ASHWORTH COURT	JACKSONVILLE, FL 32256		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided in 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 to this address, with all other like empowered by law.					
SIGNATURE: <i>Melba</i> DATE: 4/28/04					



4101710

04272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3252942 Applied For No: Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

4/28/04

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