


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000037298	
1. Entity Name REGAL OF THE SOUTH, INC.	

Principal Place of Business 6451 PARSON BROWN DRIVE ORLANDO, FL 32819	Mailing Address 6451 PARSON BROWN DRIVE ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3383111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERICK, ALEX JR.
6451 PARSON BROWN DRIVE
ORLANDO, FL 32819

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERICK, ALEX JR. 6451 PARSON BROWN DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TERICK, REGINA 6461 PARSON BROWN DRIVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERICK, PATRICK 2010 CARTER AVE AUGUSTA, KS 67010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANKIN, DIANA 34 CIRCLE TRACE FRANKLIN, NC 28734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAROS, REGINA 13124 SMART RD LEES SUMMIT, MO 64086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/08/07-30017-013 150.00

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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: Alex Terick Jr **ALEX TERICK JR** 1/5/07 407-351-6890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #