


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90054 034 ***158.75

DOCUMENT # P98000010469						
1. Entity Name M SOUTH CORPORATION						
Principal Place of Business 526 EAST 7TH AVENUE TALLAHASSEE, FL 32303			Mailing Address 526 EAST 7TH AVENUE TALLAHASSEE, FL 32303			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MIDDLEBROOKS, HARRY JR 526 EAST 7TH AVENUE TALLAHASSEE, FL 32303				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PT	NAME MIDDLEBROOKS, HARRY JR		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 526 EAST 7TH AVENUE	CITY-ST-ZIP TALLAHASSEE, FL 32303			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME MIDDLEBROOKS, MARY		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 618 LIVE OAK PLANTATION RD	CITY-ST-ZIP TALLAHASSEE, FL 32312			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME MIDDLEBROOKS, HELEN B		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 618 AVE OAK PLANTATION RD	CITY-ST-ZIP TALLAHASSEE, FL 32312			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i>				2/23/06 850-522-2076		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		