

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90056 039 \*\*\*150.00

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01142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000029428</b> 1. Entity Name <b>NORTH - SOUTH CONNECTION, INC.</b>			
Principal Place of Business <b>RT.2 BOX 6012 LAKE CITY, FL 32024</b>		Mailing Address <b>RT.2 BOX 6012 LAKE CITY, FL 32024</b>	
2. Principal Place of Business <b>248 S.W. WEBBS GLEN</b>		3. Mailing Address <b>248 S.W. WEBBS GLEN</b>	
Suite, Apt. #, etc. <b>LAKE CITY, FL.</b>		Suite, Apt. #, etc. <b>LAKE CITY, FL.</b>	
City & State <b>32024 COLUMBIA</b>		City & State <b>32024 COLUMBIA</b>	
Zip <b>32024</b>		Country <b>COLUMBIA</b>	
4. FEI Number <b>59-3506952</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>BESECKER, JACK L RT.2 BOX 6012 LAKE CITY, FL 32024</b>		7. Name and Address of New Registered Agent Name <b>JACK L. BESECKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>248 S.W. WEBBS GLEN</b> <b>LAKE CITY, FL</b> <b>32024</b> 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 <u><i>Jack L. Besecker</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <u>1-14-05</u>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BESECKER, JACK L RT.2 BOX 6012 LAKE CITY, FL 32024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>248 S.W. WEBBS GLEN LAKE CITY, FL. 32024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BESECKER, BONNIE J RT.2 BOX 6012 LAKE CITY, FL 32024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>248 S.W. WEBBS GLEN LAKE CITY, FL. 32024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: <u><i>Jack L. Besecker</i></u> <b>JACK L. BESECKER</b>		Date <u>1-14-05</u> Daytime Phone # <u>386-758-9280</u>	