


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90008 046 ***150.00

DOCUMENT # S42828	
1. Entity Name NEW SOUTH INDUSTRIES, INC.	

Principal Place of Business 1975 B EDISON DR DELAND, FL 32724	Mailing Address 1975 B EDISON DR DELAND, FL 32724
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2. Principal Place of Business 707 Samms Ave	3. Mailing Address 707 Samms Ave
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State Port Orange FL	City & State Port Orange FL
Zip 32129	Zip 32129
Country USA	Country USA



02272006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3060756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLEISCHER, NANCY 4421 S ATLANTIC AVE., UNIT A-2 PONCE INLET, FL 32127	7. Name and Address of New Registered Agent Name Same - no changes Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  **Nancy E Fleischer** **President** **2/27/06**
Signature, typed or printed name of registered agent and title if applicable (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLEISCHER, NANCY 4421 S ATLANTIC AVE., UNIT A-2 PONCE INLET, FL 32127 <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
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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:  **Nancy E Fleischer** **President** **2/27/06** **386763** **2144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE