

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V29848

FILED
Apr 04, 2005
Secretary of State

Entity Name: SOUTH FINANCIAL SERVICES, INC.

Current Principal Place of Business:

699 HAWKS TRACE DRIVE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

699 HAWKS TRACE DRIVE
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3169463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LORRAINE B. MURPHY
699 HAWKS TRACE DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHY, LORRAINE B.
Address: 699 HAWKS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST () Delete
Name: MURPHY, LORRAINE
Address: 699 HAWKS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE B MURPHY

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04/04/2005

Electronic Signature of Signing Officer or Director

Date