


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003047

1. Entity Name
EASTGROUP PROPERTIES GENERAL PARTNERS, INC.



Principal Place of Business Mailing Address

300 ONE JACKSON PLACE **300 ONE JACKSON PLACE**
188 E. CAPITOL STREET **188 E. CAPITOL STREET**
JACKSON, MS 39201 **JACKSON, MS 39201**



DO NOT WRITE IN THIS SPACE

02042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
72-1368282 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSTER II, DAVID H 188 E CAPITIL ST JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCKEY, N K 188 E CAPITIL ST JACKSON, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPEED, LELAND R 188 E CAPITIL ST JACKSON, MS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: N. Keith McKey N. Keith McKey 4-22-05 601-394-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #