

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000021011

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** SOUTHERN SISTERS HOSPITALITY, INC.

**Current Principal Place of Business:**

265 PICNIC STREET BOX 207  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

265 PICNIC STREET BOX 207  
BRONSON, FL 32621

**New Mailing Address:**

**FEI Number:** 26-4388752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARR, ELIZABETH  
265 PICNIC ST  
BRONSON, FL 32621 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BARR, ELIZABETH  
Address: 265 PICNIC STREET BOX 207  
City-St-Zip: BRONSON, FL 32621

Title: D  
Name: ALLEN, VIRGINIA  
Address: 265 PICNIC STREET BOX 207  
City-St-Zip: BRONSON, FL 32621

Title: D  
Name: KEETON, ADAMARIE  
Address: 265 PICNIC STREET BOX 207  
City-St-Zip: BRONSON, FL 32621

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH BARR

D

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date