2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 206778

1. Entity Name
SOUTHERN BELLE FROZEN FOODS, INC.

Principal Place of Business	Mailing Address
P O BOX 28620 821 VIRGINIA STREET JACKSONVILLE, FL 32226 US	P O BOX 28620 821 VIRGINIA STREET JACKSONVILLE, FL 32226 US

DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0857341
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, HOWARD J
825 VIRGINA STREET
JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

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

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	D
NAME	SHAW, HOWARD
STREET ADDRESS	10460 SYLVAN LANE W
CITY-ST-ZIP	JACKSONVILLE,FL 00000,
TITLE	D
NAME	SHAW, JOHN R. JR.
STREET ADDRESS	8097 SHADY GROVE RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SHAW, SYLVIA
STREET ADDRESS	228 NOBLE CIRCLE W.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VPF
NAME	ZIMMERMAN, JOANNE T
STREET ADDRESS	875 BROOKVIEW DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000021062
02/02/05-80086-008 150.00

DO NOT WRITE IN THIS SPACE

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: Joanne J Zimmerman VP Finance 1/28/05 (904) 768-1591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #