


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 206778 1. Entity Name SOUTHERN BELLE FROZEN FOODS, INC.	
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Principal Place of Business P O BOX 28620 821 VIRGINIA STREET JACKSONVILLE, FL 32226 US	Mailing Address P O BOX 28620 821 VIRGINIA STREET JACKSONVILLE, FL 32226 US
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0857341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHAW, HOWARD J
825 VIRGINIA 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, 2007 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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHAW, HOWARD 10460 SYLVAN LANE W JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHAW, JOHN R. JR. 821 VIRGINIA ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHAW, SYLVIA 821 VIRGINIA ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPP ZIMMERMAN, JOANNE T 228 NOBLE CIRCLE W JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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02/06/07-80042-020 150.00

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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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07 **904-768-1591**
Date Daytime Phone #