

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 206778

1. Entity Name
SOUTHERN BELLE FROZEN FOODS, INC.



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



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 821 VIRGINIA ST
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE D
NAME SHAW, SYLVIA
STREET ADDRESS 821 VIRGINIA ST
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE VPF
NAME ZIMMERMAN, JOANNE T
STREET ADDRESS 228 NOBLE CIRCLE W
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

05/07/08-80027-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

JOANNE T ZIMMERMAN

4/18/08

944-768-1591