## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## **FILED** Feb 04, 2004 8:00 am Secretary of State 02-04-2004 90056 015 \*\*\*150.00

## **DOCUMENT # 506650**

1. Entity Name

## SOUTHERN GROCERY COMPANY

					18.5					
Principal Place	e of Business	Mailing Address								
4050 MIDDLE AVE. 47TH ST. INDUSTRIAL PARK SARASOTA FL 34234		P.O. BOX 49855 SARASOTA FL 34234				I VENEL SINN ANTE COME DI		<b>a</b> i	11331 II INN	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
City & State		City & State	City & State			4. FEI Number 59-1678042			pplied For at Applicable	
Zip	Country	Zip	Count	try .		5. Certificate of Status Desi		8.75 Add ee Require		
<del></del>	6. Name and Address of Curr	ent Registered Agent				7. Name and Address of N	ew Registered A	gent		
MALIZED MANUEL MA					Name					
4050	LKER, DANIEL M. O MIDDLE AVENUE H ST., INDUSTRIAL PARI	<		Street Address (P.O. Box Number is Not Acceptable)						
SAR	ASOTA FL 34234	•	İ	City				Zip Cod	e	
		- <u>-</u>					FL			
	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registere	ed office or	r registere	d agent, or both, in the State	of Florida. I am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registered	d Agent signat	ure required w	vhen reinstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550. Payable to Florida Departmen	AND THE PROPERTY OF THE PROPER			<u> </u>	9. Election Campaig Trust Fund Contr			May Be to Fees	
10.	OFFICERS A	ND DIRECTORS	11.			ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE	CD	☐ Delete	TITLE	<del></del>		-		Change	Addition	
NAME	WALKER, DAN M.		NAM		}					
STREET ADDRESS CITY-ST-ZIP	1656 BLUE HERON DR SARASOTA, FL. 0			ET ADDRESS - ST- ZIP				_		
TITLE	VD	Delete TI		:	VA			Change	Addition	
NAME			NAM		WALKER, PICHARD B DDRESS 4532 OCIZAN BUD \$102 ZIP SHRASOTA, FLA 34242					
STREET ADDRESS CITY-ST-ZIP				et address -st-zip	10RESS 4532 OCIZAN BUD #102					
	<del></del>		-╂		3176	450TA IMA	34240	<u></u>	CT Addition	
TITLE NAME	PD DONELSON-CHARLES J · ·	Delete	TITLE NAMI			· · · · · · · · · · · · · · · · · · ·	-	Change	Addition	
STREET ADDRESS	5010 COCO PLUM WAY			et address	1					
CITY-ST-ZIP	SARASOTA FL 34241		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAM							
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				-ST-ZIP	<del> </del>				<u></u>	
TITLE .	•	☐ Delete	TITLE		ļ	•		Change	Addition	
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C!TY-ST-ZIP			CITY	-ST-ZIP	1					
Trile		☐ Delete	TITLE	 E	1			☐ Change	Addition	
NAME			NAM	E	ļ					
STREET ADDRESS				ET ADDRESS	ĺ					
CITY-ST-ZIP	<u> </u>			-ST-ZIP						
indicated of the cor	certify that the information supplied on this report or supplemental repr poration or the receiver or trustee e , or on an attachment with an addre	ort is true and accurate and that empowered to execute this repor	my signa t as requi	ture shall h	nave the sa	ame legal effect as if made u	nder oath; that I a	m an office	r or director ir Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR