


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90047 041 \*\*\*150.00

<b>DOCUMENT # 506650</b> 1. Entity Name <b>SOUTHERN GROCERY COMPANY</b>	
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Principal Place of Business <b>4050 MIDDLE AVE. 47TH ST. INDUSTRIAL PARK SARASOTA FL 34234</b>	Mailing Address <b>P.O. BOX 49855 SARASOTA FL 34234</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10000000



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>WALKER, DANIEL M. 4050 MIDDLE AVENUE 47TH ST., INDUSTRIAL PARK SARASOTA FL 34234</b>	
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7. Name and Address of New Registered Agent Name <b>RICHARD B. WALKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4532 OCEAN BLVD #102</b> City <b>SARASOTA</b> FL Zip Code <b>34242</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALKER, DAN M. 1656 BLUE HERON DR SARASOTA, FL. 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, RICHARD B. 4532 OCEAN BLVD #102 SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONELSON, CHARLES J 5010 COCO PLUM WAY SARASOTA FL 34241 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **RICHARD B. WALKER** 1-23-05 346-7946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #