


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-30-2004 90007 048 ***150.00

DOCUMENT # 843393	
1. Entity Name SOUTHERN RESTAURANT GROUP, INC.	

Principal Place of Business 1241 AIRPORT ROAD DESTIN, FL 32541 US	Mailing Address P.O. BOX 99 DESTIN, FL 32540 US
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1913351	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 Comer, John Hammond 1751 SCENIC HWY 98 E #719 DESTIN, FL 32541

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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  John H. Comer 3/24/04
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, 2004 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	Chairman of the Board COBB, HENRY, JR. 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CFO COMER, John Hammond 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. & Controller Mary Lou Cowgill 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. & Director of Operations Jim Anderson 1241 Airport Rd. 2nd Floor Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.V.P. & Assistant to the Director of Operations 1241 Airport Rd. 2nd Floor Roberto Hernandez Destin, FL 32541

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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:  3/24/04 (850) 837-1637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #