


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F53693</b> 1. Entity Name SOUTHERN PROPANE INC.	
---	---

Principal Place of Business % CARLTON B. RUTLEDGE 2711 DUNNS AVE. JACKSONVILLE, FL 32218	Mailing Address % CARLTON B. RUTLEDGE 2711 DUNNS AVE. JACKSONVILLE, FL 32218
---	---



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2177841	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  RUTLEDGE, CARLTON B. 2711 DUNNS AVE. JACKSONVILLE, FL 32218  <i>C</i>
--

**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 <i>Carlton B Rutledge</i> DATE <i>1-17-05</i> <small>Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating)</small>
--

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUTLEDGE, CARLTON 301 SILVERSMITH LANE JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT RUTLEDGE, CINDY 301 SILVERSMITH LANE JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000187341  
01/24/05-80008-013 150.00

**DO NOT WRITE  
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)(b), 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: <i>Carlton B Rutledge</i> DATE <i>1-17-05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>
--	--------------------------------