


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000005453	
1. Entity Name ASSOCIATED GROCERS OF THE SOUTH, INC.	

Principal Place of Business PO BOX 11044 BIRMINGHAM, AL 35202	Mailing Address PO BOX 11044 BIRMINGHAM, AL 35202
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02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0011690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1406 HAYS ST., STE. 2 TALAHASSEE, FL 32301	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000834626 02/28/08-80060-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HOWELL, JACK 2572 FORTNER STREET DOTHAN, AL 36305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOTORITIS, GERALD 1176 KINGSWOOD ROAD BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIGSBY PLOTT, MARY F 246 BEAVER CREEK PARKWAY PELHAM, AL 35124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, MIKE 575 CHINQUAPIN TRACE GREENSBORO, AL 36744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Mary F. Rigby Plott **2/19/08** **(205) 808-4839**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #