

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003835

FILED
Jan 19, 2009
Secretary of State

Entity Name: SOUTHLAND SPECIALTIES INC. OF TENNESSEE

Current Principal Place of Business:

1093 A1A BEACH BLVD PMB 383
ST AUGUSTINE, FL 32080

New Principal Place of Business:

1093 A1A BEACH BLVD PMB 383
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1093 A1A BEACH BLVD PMB 383
ST AUGUSTINE, FL 32080

New Mailing Address:

1093 A1A BEACH BLVD PMB 383
ST. AUGUSTINE, FL 32080

FEI Number: 62-1592414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRAAY, LYNN D
1732 OLD BEACH ROAD
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

PRAAY, LYNN D PRES
1732 OLD BEACH ROAD
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: LYNN D. PRAAY

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: PRAAY, LORRAINE
Address: P. O. BOX 624
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: PRAAY, TIMOTHY J
Address: 1093 A1A BEACH BLVD PMB383
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PSCD () Delete
Name: PRAAY, LYNN D
Address: 1093 A1A BEACH BLVD PMB383
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSC (X) Change () Addition
Name: PRAAY, LYNN D PRES.
Address: 1093 A1A BEACH BLVD. PMB 383
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TD (X) Change () Addition
Name: PRAAY, TIMOTHY J TREAS
Address: 1093 A1A BEACH BLVD PMB383
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: PRAAY, TIMOTHY A VP
Address: 1093 A1A BEACH BLVD PMB383
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN D. PRAAY

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date