

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000006777

1. Entity Name
SOUTHERN ACCENTS, INC.



Principal Place of Business
2100 LAKESHORE DR.
BIRMINGHAM, AL 35209

Mailing Address
2100 LAKESHORE DR.
BIRMINGHAM, AL 35209



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0916496

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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 ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME ANGELILLO, TOM
STREET ADDRESS 2100 LAKESHORE DR.
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE CV
NAME KELLER, JEANETTA
STREET ADDRESS 2100 LAKESHORE DR.
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE D
NAME CAREY, WILLIAM R JR.
STREET ADDRESS 2100 LAKESHORE DR.
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE AS
NAME REILLY, SALLY S
STREET ADDRESS 2100 LAKESHORE DR.
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE T
NAME LARSON, BRUCE
STREET ADDRESS 2100 LAKESHORE DR.
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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: Sally P. Reilly, Sally Reilly, Assistant Secretary 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

205-445-6141 Daytime Phone #