

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90227 023 \*\*\*150.00

**DOCUMENT # H16575**  
 1. Entity Name: **SOUTHERN DELIGHT ENTERPRISES, INC.**



Principal Place of Business: **19 MIRACLE STRIP PARKWAY SW FORT WALTON BEACH FL 32548 US**  
 Mailing Address: **P.O. BOX 1482 FORT WALTON BEACH FL 32549 US**



2. Principal Place of Business: **19 Miracle Strip Pkwy SW Fort Walton Beach**  
 3. Mailing Address: **27608 Cahaba Drive**

City & State: **Fort Walton Beach** / **DAPHNE AL**  
 Zip: **32548** / **36526-6304**

1st MOORE CR2E034 (10/05)  
 4. FEI Number: **59-2435875**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent: **SMITH, CLIFFORD E. 257 BRIARWOOD CIRCLE FT. WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent: **FL** / **Zip Code**

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: *Clifford E. Smith* (Clifford E. Smith, President) DATE: **3-6-06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SMITH, CLIFFORD E. STREET ADDRESS: 257 BRIARWOOD CIR. CITY-ST-ZIP: FT. WALTON BEACH FL	<input type="checkbox"/> Delete	TITLE: P NAME: Clifford E. Smith STREET ADDRESS: 27608 Cahaba Drive CITY-ST-ZIP: DAPHNE AL 36526-6304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: SMITH, HELEN R. STREET ADDRESS: 257 BRIARWOOD CIR. CITY-ST-ZIP: FT. WALTON BEACH FL	<input type="checkbox"/> Delete	TITLE: ST NAME: Helen R. Smith STREET ADDRESS: 27608 CAHABA CITY-ST-ZIP: DAPHNE AL 36526-6304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Clifford E. Smith* / President DATE: **3/25/06**

**RECEIVED**  
 MAR 25 2006  
 BY: \_\_\_\_\_