


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90020 016 ****61.25

DOCUMENT # N07000008676	
1. Entity Name SOUTH SHORE JR. LONGHORNS, INC.	

Principal Place of Business 2505 YUKON CLIFF DRIVE RUSKIN, FL 33570	Mailing Address 2505 YUKON CLIFF DRIVE RUSKIN, FL 33570 <i>change</i>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 7837 Riverwood Oaks Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

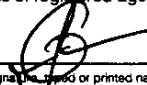
03192008 Chg-NP CR2E037 (12/06)

City & State	City & State River View Fl	4. FEI Number 260876258	Applied For Not Applicable
Zip	Country	Zip 33578	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALTERS, DEAN L 2505 YUKON CLIFF DRIVE RUSKIN, FL 33570		Name Street Address (P.O. Box Number is Not Acceptable) City 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  _____
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	C D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTERS, DEAN L			NAME			
STREET ADDRESS	2505 YUKON CLIFF DRIVE			STREET ADDRESS			
CITY-ST-ZIP	RUSKIN, FL 33570			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	AD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTERS, KARRI			NAME	G. Kinkert		
STREET ADDRESS	2505 YUKON CLIFF DRIVE			STREET ADDRESS	2509 Yukon Cliff Drive		
CITY-ST-ZIP	RUSKIN, FL 33570			CITY-ST-ZIP	RUSKIN FL 33570		
TITLE	F	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	James Smith			NAME			
STREET ADDRESS	7837 Riverwood Oaks Dr			STREET ADDRESS			
CITY-ST-ZIP	River View, Fl 33578			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	George Feldkamp			NAME			
STREET ADDRESS	6113 Clair Shore Dr			STREET ADDRESS			
CITY-ST-ZIP	Apollo Beach Fl 33572			CITY-ST-ZIP			
TITLE	FD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	FA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 617, 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: James G Smith  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/1/08 Daytime Phone #: 813-672-9583