

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000134810**

1. Entity Name  
**SOUTHERN CONCESSIONS, INC.**



Principal Place of Business  
**8916 HWY. 85 NORTH  
LAUREL HILL, FL 32567**

Mailing Address  
**8916 HWY. 85 NORTH  
LAUREL HILL, FL 32567**



03062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1167923**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JERKINS, JAMES  
8916 HWY. 85 NORTH  
LAUREL HILL, FL 32567**

**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JERKINS, JAMES
STREET ADDRESS	8916 HWY. 85 NORTH
CITY - ST - ZIP	LAUREL HILL, FL 32567
TITLE	VSD
NAME	JERKINS, DARCY
STREET ADDRESS	8916 HWY. 85 NORTH
CITY - ST - ZIP	LAUREL HILL, FL 32567
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1101000454237  
03/14/06-80041-026 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Darby Jenkins / VSD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 850 6524792  
Date Daytime Phone #