


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000080481</b> 1. Entity Name SOUTHERNMOST RESTAURANT GROUP, INC.	
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Principal Place of Business 6 ALLAMANDA TERRACE KEY WEST, FL 33040	Mailing Address 6 ALLAMANDA TERRACE KEY WEST, FL 33040
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**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0120032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SMITH, URBAN EUGENE  
6 ALLAMANDA TERRACE  
KEY WEST, FL 33040

**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: *Urban Smith* (NOTE: Registered Agent signature required when reinstating) DATE: 2/19/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, URBAN EUGENE 6 ALLAMANDA TERRACE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH READING, MELISSA JEANNE 437 CEDAR STREET MAXWELL AFB, AL 36113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, SUE B 6 ALLAMANDA TERRACE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Urban Smith* DATE: 2/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR URBAN SMITH