2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080481

6 ALLAMANDA TERRACE

KEY WEST, FL 33040

Address: City-St-Zip:

Entity Name: SOUTHERNMOST RESTAURANT GROUP, INC

FILED Feb 17, 2009 Secretary of State

Littly Na	ille. 3001	TIERNINOST REC	JIAUKANI GRC	DOF, INC.				
Current Principal Place of Business:				Ne	New Principal Place of Business:			
	GARET STF T, FL 3304							
Current Mailing Address:				Ne	New Mailing Address:			
	SARET STF T, FL 3304							
FEI Number: 20-0120032 FEI Number Applied For (pplied For()	FEI Number Not Applicable ()			Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Na	Name and Address of New Registered Agent:			
SMITH, URBAN EUGENE 6 ALLAMANDA TERRACE KEY WEST, FL 33040 US				6 /	SMITH, URBAN EUGENE 6 ALAMANDA TERRACE KEY WEST, FL 33040 US			
	named en e of Florida		atement for the p	urpose of ch	nanging it	s registe	ered office or registered agent, or	both,
SIGNATURE:					02/17/2009			
	Elec	tronic Signature of	f Registered Age	nt			Date	
Election Car	mpaign Finar	ncing Trust Fund Cor	ntribution ().					
OFFICERS AND DIRECTORS:				ΑI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	6 ALLAMAN	() Delete BAN EUGENE NDA TERRACE T, FL 33040		Add	e: me: dress: y-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	437 CEDAI	() Delete ADING, MELISSA JEA R STREET AFB, AL 36113	NNE	Ade	e: me: dress: y-St-Zip:	6915 LA	(X) Change () Addition EADING, MELISSA JEANNE KESHORE BLVD PORT, LA 71107	
Title: Name:	STD SMITH, SU	()Delete E B		Titl Na	e: me:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: URBAN EUGENE SMITH P 02/17/2009