

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000080481

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERNMOST RESTAURANT GROUP, INC.

**Current Principal Place of Business:**

231 MARGARET STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

700 FRONT STREET  
SUITE 105  
KEY WEST, FL 33040

**Current Mailing Address:**

231 MARGARET STREET  
KEY WEST, FL 33040

**New Mailing Address:**

700 FRONT STREET  
SUITE 105  
KEY WEST, FL 33040

**FEI Number:** 20-0120032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, URBAN EUGENE  
6 ALAMANDA TERRACE  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

SMITH, URBAN EUGENE  
1500 ATLANTIC BLVD  
APT 415  
KEY WEST, FL 33040 US

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.

SIGNATURE:

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, URBAN EUGENE  
Address: 1500 ATLANTIC BLVD, APT 415  
City-St-Zip: KEY WEST, FL 33040

Title: V  
Name: SMITH READING, MELISSA JEANNE  
Address: 6915 LAKESHORE BLVD  
City-St-Zip: SHREVEPORT, LA 71107

Title: STD  
Name: SMITH, SUE B  
Address: 1500 ATLANTIC BLVD, APT 415  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: URBAN EUGENE SMITH

P

02/15/2011

Electronic Signature of Signing Officer or Director

Date