
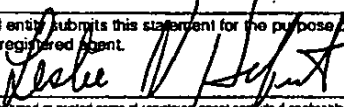
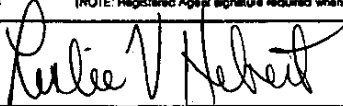



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90077 040 ***150.00

DOCUMENT # P03000096205					
1. Entity Name SOUTH'RN RED SMOK'R, INC.					
Principal Place of Business 5500 ROUND LAKE RD APOPKA FL 32705 US 32712		Mailing Address P.O. BOX 714 PLYMOUTH FL 32768 US 5500 Round Lake Rd.			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apopka FLA			
City & State		City & State ORANGE			
Zip	Country	Zip	Country	4. FEI Number 55-0845243 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
32712		ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEBERT, LESLIE V 5500 ROUND LAKE RD APOPKA FL 32705 32712			7. Name and Address of New Registered Agent Name Leslie V. Hebert Street Address (P.O. Box Number is Not Acceptable) 5500 ROUND LAKE Rd. City Apopka FL Zip Code 32712		
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  DATE _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>					<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEBERT, LESLIE V	NAME			
STREET ADDRESS	3710 DAMON RD	STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEBERT, NANCY R	NAME			
STREET ADDRESS	3710 DAMON RD	STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAILEY, RICK A	NAME			
STREET ADDRESS	577 PORTLAND CIR	STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP			
TITLE	<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	<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	<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 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: 			Date 03-14-05 Daytime Phone # 407 886-5847		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		