



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90706 030 ***150.00

DOCUMENT # P03000144459 1. Entity Name SOUTHERN PRO KITCHENS, INC.			
Principal Place of Business 7519 US HIGHWAY 98 SOUTH KATHLEEN FL 33849		Mailing Address 7519 US HIGHWAY 98 SOUTH KATHLEEN FL 33849	
2. Principal Place of Business 7519 U.S. Hwy 98 Suite, Apt. #, etc.	3. Mailing Address 7519 US Hwy 98 S. Suite, Apt. #, etc.	 MOORE CR2E034 (11/03)	
City & State Dade City, FL Zip 33525	City & State Kathleen, FL Zip 33849		
Country	Country		
4. FEI Number 20-0505555		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name Julie Cotton, CPA Street Address (P.O. Box Number is Not Acceptable) 14144 6th Street City Dade City FL Zip Code 33525	
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 <u>Julie Cotton, CPA</u> DATE <u>4/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D PAUL, JOSEPH J 7519 US HIGHWAY 98 SOUTH KATHLEEN FL 33849	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP P, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D PAUL, TRACEY A 7519 US HIGHWAY 98 SOUTH KATHLEEN FL 33849	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP V, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Laurel Ann Paul</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/8/04</u> Daytime Phone # <u>(813) 340-5004</u>	