


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P03000144459 1. Entity Name SOUTHERN PRO KITCHENS, INC.	
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Principal Place of Business 7519 US HIGHWAY 98 SOUTH DADE CITY, FL 33525	Mailing Address 7519 US HIGHWAY 98 SOUTH KATHLEEN, FL 33849
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DO NOT WRITE IN THIS SPACE

04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0505555	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

COTTON, JULIE CPA
14144 6TH STREET
DADE CITY, FL 33525

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000901629 04/29/08-80077-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PAUL, JOSEPH J 7519 US HIGHWAY 98 SOUTH KATHLEEN, FL 33849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PAUL, TRACEY A 7519 US HIGHWAY 98 SOUTH KATHLEEN, FL 33849
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.

SIGNATURE:  4/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____