

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03312

FILED
Feb 25, 2009
Secretary of State

Entity Name: SOUTHERN BAKERIES, INC.

Current Principal Place of Business:

1919 FLOWERS CIRCLE
THOMASVILLE, GA 31758 US

New Principal Place of Business:

Current Mailing Address:

1919 FLOWERS CIRCLE
THOMASVILLE, GA 31758 US

New Mailing Address:

FEI Number: 59-2430639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUSTAFSON, F. EDWARD
Address: 701 HARGER RD. STE 190
City-St-Zip: OAK BROOK, IL 60523

Title: V () Delete
Name: SCHUSTER, STEPHEN M
Address: 701 HARGER RD.
City-St-Zip: OAK BROOK, IL 60523

Title: D () Delete
Name: KELLY, DONALD P
Address: 701 HARGER ROAD
City-St-Zip: OAK BROOK, IL

Title: V/S () Delete
Name: DUTTLINGER, KIMERLY K
Address: 701 HARGER ROAD, STE. 190
City-St-Zip: OAK BROOK, IL 60523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WIMBERLY, DOUG
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757 US

Title: DST (X) Change () Addition
Name: REEVES, KEN
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757 US

Title: ATRE (X) Change () Addition
Name: LAUDER, KARYL
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757 US

Title: ASEC (X) Change () Addition
Name: TILLMAN, STEPHANIE
Address: 1919 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757 US

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.

SIGNATURE: STEPHANIE TILLMAN

ASEC

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date