

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109296

FILED  
Jul 17, 2008  
Secretary of State

**Entity Name:** SOUTHERN SMOKEHOUSE CATERING, INC.

**Current Principal Place of Business:**

219 N. MASSACHUSETTS AV.  
LAKE LAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 268  
HIGHLAND CITY, FL 33846 US

**New Mailing Address:**

**FEI Number:** 06-1829642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUTNAM, ABEL A  
500 SOUTH FLORIDA AVENUE  
SUITE 300  
LAKE LAND, FL 33801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: EDWARDS, TODD  
Address: 219 N. MASSACHUSETTS AV.  
City-St-Zip: LAKE LAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TODD EDWARDS

DPTS

07/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date