

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000034398

1. Entity Name
SOUTHERN RESTAURANT SUPPLY, INC.



Principal Place of Business
110 HATCHEW ROAD
DESTIN, FL 32550 US

Mailing Address
110 HATCHEW ROAD
DESTIN, FL 32550 US



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3374674	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

HAUGHT, BRUCE A
501 HIGHWAY 98 E SUITE G
DESTIN, FL 32541

**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 Michael T. Larson
Signature, typed or printed name of registered agent and title if applicable.

Michael T. Larson
(NOTE: Registered Agent signature required when reinstating)

1000000569739
07/13/06 00001 012 158.00
July 13, 2006
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEINBERG, JOHN R 110 HATCHEW ROAD DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MEINBERG, SCOTT A 110 HATCHEW ROAD DESTIN, FL 32550
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE: John R. Meinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/06

Daytime Phone #

850-269-1500