## 2004 FOR PROFIT CORPORATION

## Apr 23, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P96000048778** 04-23-2004 90206 016 \*\*\*150.00 SOUTHERN HOSPITALITY GROUP, INC. Principal Place of Business Mailing Address **UZUUUUU** 901 W INDIANTOWN RD 901 W INDIANTOWN RD **BAY #1** BAY#1 JUPITER, FL 33458 US JUPITER, FL 33458 US CR2E034 (10/03) 01082004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0670645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUTECKI, MARK C DO NOT WRITE 1011 OAK POND DR CELEBRATION, FL 34747 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Director TITLE RUTECKI, DAVID NAME 901 WEST INDIANTOWN ROAD, BAY 1 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 Director TITLE MOORE, JEFF NAME 901 WEST INDIANTOWN POAD BAY I STREET ADDRESS CITY-ST-ZIP JUPITER, #L 33458 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP-IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 emboyered 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

561·747·0108

**FILED**