2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 05, 2005 08:00 AM **DOCUMENT # P96000048778** Secretary of State SOUTHERN HOSPITALITY GROUP, INC. Principal Place of Business Mailing Address 901 W INDIANTOWN RD 901 W INDIANTOWN RD **BAY #1** BAY #1 JUPITER, FL 33458 US JUPITER, FL 33458 US 06302005 No Chg-P CR2E034 (10/03) 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 famillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and this if applicable QKOTE. Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TILE NAME RUTECKI, DAVID STREET ADDRESS 901 WEST INDIANTOWN ROAD, BAY 1 CITY-ST-ZIP JUPITER, FL 33458 U000000370553 TITLE 07/05/05-80021-021 150.00 NAME MOORE, JEFF STREET ADDRESS 901 WEST INDIANTOWN ROAD, BAY 1 CITY-ST-ZIP JUPITER, FL 33458 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZP TITLE NAME

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 disease 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 appears, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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561-747-0108

FILED