## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000048778 1. Entity Name SOUTHERN HOSPITALITY GROUP, INC.

.

Principal Place of Business

901 W INDIANTOWN RD

BAY #1

JUPITER, FL 33458 US



FILED Jan 09, 2006 08:00 AM Secretary of State

Mailing Address
901 W INDIANTOWN RD

BAY #1

JUPITER, FL 33458 US



	01062006	No Chg-P	CR2E034 (11/0
NOT WRITE IN THIS SPACE			

4. FEI Number Applied For Solution Status Desired Sample Solution Sample Solution Sol

6. Name and Address of Current Registered Agent

RUTECKI, MARK C 1011 OAK POND DR CELEBRATION, FL 34747

## 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 Signature, typed or protect name of registered agent and title if applicable. (INOTE: Registered Agent signature required when rematating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.06  9. Election Campaign Finan Trust Fund Contribution.		oing []	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		, , , , , , , ,		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D RUTECKI, DAVID 901 WEST INDIANTOWN ROAD, BAY JUPITER, FL 33458	′1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JEFF 901 WEST INDIANTOWN ROAD, BAY 1 JUPITER, FL 33458			ნდიდიკელყვე 801/10/06-80002-022 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1.6.06

561.74F0108

Daytone Phone #