

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000014053

1. Entity Name  
SOUTHERN HOSPITALITY SUPPLIES INC.



Principal Place of Business  
4216 NORTH WIND LANE  
TAMPA, FL 33624

Mailing Address  
4216 NORTH WIND LANE  
TAMPA, FL 33624

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3424786

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SPRIGGS, JAMES L  
4216 NORTH WIND LN  
TAMPA, FL 33624

**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 *James L Spriggs*

(NOTE: Registered Agent signature required when reinstating)

DATE

*Pres.*

*1/31/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SPRIGGS, JAMES L
STREET ADDRESS	4216 NORTH WIND LN
CITY-STATE-ZIP	TAMPA, FL 33624
TITLE	VP
NAME	SPRIGGS, LYDIA
STREET ADDRESS	4216 NORTH WIND LN
CITY-STATE-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000212902  
02/03/05-80046-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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: *James L Spriggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres.*

Date

*1/31/05*

Daytime Phone #