

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 586475

FILED  
May 13, 2009  
Secretary of State

**Entity Name:** BOATWRIGHT BEVERAGE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

STATE ROAD 13 AT 16 A  
9915 SHANDS PIER RD.  
ORANGEDALE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

STATE ROAD 13 AT 16 A  
9915 SHANDS PIER RD.  
ORANGEDALE, FL 32259 US

**New Mailing Address:**

**FEI Number:** 59-2169030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOATWRIGHT, MAXINE S  
2206 REED ST  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOATWRIGHT, MAXINE S  
Address: 2206 REED STREET  
City-St-Zip: ORANGE PARK FL, 32073

Title: STD ( ) Delete  
Name: THOMPSON, MICHAEL  
Address: 4660 PINEGATE RD  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MAXINE S BOATWRIGHT

PD

05/13/2009

Electronic Signature of Signing Officer or Director

Date