


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90478 007 \*\*\*550.00

DOCUMENT # F97000004081					
1. Entity Name COMMONWEALTH BRANDS, INC.					
Principal Place of Business PO BOX 51587 BOWLING GREEN, KY 42103			Mailing Address P.O.BX 51587 BOWLING GREEN, KY 42103		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	VP/manufacturing	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLING, JOHN C II		NAME	Tim Livesay	
STREET ADDRESS	2200 LAPSLEY LANE		STREET ADDRESS	2200 Lapsley Lane	
CITY-ST-ZIP	BOWLING GREEN, KY 42103		CITY-ST-ZIP	Bowling Green, KY 42103	
TITLE	SVPS	<input type="checkbox"/> Delete	TITLE	VP/Information Technology	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERT, GARY		NAME	Pam Francis	
STREET ADDRESS	2200 LAPSLEY LANE		STREET ADDRESS	2200 Lapsley Lane	
CITY-ST-ZIP	BOWLING GREEN, KY 42103		CITY-ST-ZIP	Bowling Green, KY 42103	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP/Regulations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVESAY, TIM		NAME	William Melton	
STREET ADDRESS	2200 LAPSLEY LANE		STREET ADDRESS	2200 Lapsley Lane	
CITY-ST-ZIP	BOWLING GREEN, KY 42103		CITY-ST-ZIP	Bowling Green, KY 42103	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP/Marketing Strategy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS, PAM		NAME	Lawrence Shacklett	
STREET ADDRESS	2200 LAPSLEY LANE		STREET ADDRESS	2200 Lapsley Lane	
CITY-ST-ZIP	BOWLING GREEN, KY 42103		CITY-ST-ZIP	Bowling Green, KY 42103	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, CECIL		NAME	Spencer Coates	
STREET ADDRESS	2200 LAPSLEY LANE		STREET ADDRESS	2200 Lapsley Lane	
CITY-ST-ZIP	BOWLING GREEN, KY 42103		CITY-ST-ZIP	Bowling Green, KY 42103	
TITLE	VPSA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, JOE		NAME		
STREET ADDRESS	2200 LAPSLEY LANE		STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, KY 42103		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 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: <u>John C Poling II</u>			Date: <u>5/3/04</u>		Daytime Phone #: <u>270-781-9100</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



05032004 Chg-P CR2E034 (10/03)

4. FEI Number **61-1208598** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required