

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # G46039 1. Entity Name THE FLORIDA BREWERY, INC.	
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Principal Place of Business 202 GANDY RD. AUBURNDALE FL 33823	Mailing Address PO BOX 6 AUBURNDALE FL 33823
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-2295336	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAMPOS, RAMON S. 202 GANDY RD. AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

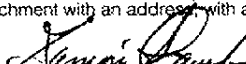
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC CAMPOS, RAMON S SR 202 GANDY RD. AUBURNDALE FL 33823	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS HARMON, ROBERT J 202 GANDY ROAD AUBURNDALE FL 33823	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMPOS, RAMON S III 202 GANDY RD AUBURNDALE FL 33823	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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02/27/04-80061-002 150.00

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: 	1-21-04	(863) 965-1825
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