


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # <b>G85478</b>							
1. Entity Name <b>A-1 BEVERAGE SYSTEMS INCORPORATED</b>							
Principal Place of Business <b>5931 PALMER BLVD., "E" SARASOTA FL 34232</b>		Mailing Address <b>5931 PALMER BLVD., "E" SARASOTA FL 34232</b>					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		4. FEI Number <b>59-2415996</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SMITH, THEODORE R. 2504 WILKINSON ROAD SARASOTA FL 34232</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	<b>D</b> <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>SMITH, THEODORE R.</b>	NAME					
STREET ADDRESS	<b>2504 WILKINSON ROAD</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>SARASOTA FL</b>	CITY-ST-ZIP					
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>SMITH, KRISTINE H.</b>	NAME					
STREET ADDRESS	<b>2504 WILKINSON ROAD</b>	STREET ADDRESS					
CITY-ST-ZIP	<b>SARASOTA FL</b>	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					



1st MOORE CR2E034 (10/04)

000000297392  Change  Addition  
 04/11/05-80027-002 150.00

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: THEODORE R SMITH THEODORE R. SMITH 4/8/05 941 984 0202  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #