

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016058

Entity Name: PREACHER'S RUM, INC.

FILED  
May 03, 2010  
Secretary of State

**Current Principal Place of Business:**

315 INLET WAY  
PALM BEACH SHORES, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

315 INLET WAY  
PALM BEACH SHORES, FL 33404

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

BROWN, THOMAS G  
13546 CROSSPOINTE DRIVE  
PALM BEACH GARDENS, FL 33418    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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      P  
Name:                      DESROCHERS, JACQUELINE  
Address:                      315 INLET WAY  
City-St-Zip:                      PALM BEACH SHORES, FL 33404 US

Title:                      VP  
Name:                      DESROCHERS, DAVID K VP  
Address:                      315 INLET WAY  
City-St-Zip:                      PALM BEACH SHORES, FL 33404 US

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE DESROCHERS

PRES

05/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date