


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90046 034 ***150.00

DOCUMENT # P12416 1. Entity Name ANCHOR BREWING COMPANY							
Principal Place of Business 1705 MARIPOSA ST. SAN FRANCISCO, CA 94107			Mailing Address 1705 MARIPOSA ST. SAN FRANCISCO, CA 94107				
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			
MCLENDON, JOHN SOUTHERN WINES AND SPIRITS 1600 NW 163RD ST. MIAMI, FL 33169				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 _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYTAG, FREDERICK L.		NAME				
STREET ADDRESS	1705 MARIPOSA ST.		STREET ADDRESS				
CITY - ST - ZIP	SAN FRANCISCO, CA		CITY - ST - ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACDERMOTT, GORDON		NAME				
STREET ADDRESS	1705 MARIPOSA ST.		STREET ADDRESS				
CITY - ST - ZIP	SAN FRANCISCO, CA		CITY - ST - ZIP				
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROWE, LINDA		NAME				
STREET ADDRESS	1705 MARIPOSA ST		STREET ADDRESS				
CITY - ST - ZIP	SAN FRANCISCO, CA 94107		CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARPENTER, MARK		NAME				
STREET ADDRESS	1705 MARIPOSA ST.		STREET ADDRESS				
CITY - ST - ZIP	SAN FRANCISCO, CA		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		
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: <i>Linda Rowe</i>		Linda Rowe		7/18/05		415-863-8350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

50060365



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4. FEI Number **94-1488005** Applied For Not Applicable

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