2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000110547

1. Entity Name
A BREW HAUS, INC.

Principal Place of Business	Mailing Address
5674 TIMUQUANA ROAD JACKSONVILLE, FL 32210	5674 TIMUQUANA ROAD JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

02102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3626408	Not Applicable

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

6. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R
712 EDGEWOOD AVENUE, SOUTH
JACKSONVILLE, FL 32205

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000123173 04/21/04-80060-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, DAVID L
STREET ADDRESS	5674 TIMUQUANA ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	STD
NAME	VIRTUOSO, P A
STREET ADDRESS	11406 SEDGEMOORE DRIVE, EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _____   4/19/04   904-908-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #