

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000084776

Entity Name: STILT HOUSE BREWERY, INC.**Current Principal Place of Business:**625 ALT 19
PALM HARBOR, FL 34683**Current Mailing Address:**625 ALT 19
PALM HARBOR, FL 34683 US**FEI Number:** 46-3896250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAKOFF, ALAN
7516 BIRDWOOD CT
NEW PORT RICHEY, FL 34653-2102 US*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**Officer/Director Detail :**

Title	TRSR
Name	DAKOFF, ALAN
Address	7516 BIRDWOOD COURT
City-State-Zip:	NEW PORT RICHEY FL 34653-2102

Title	PRES
Name	GREELISH, SEAN L
Address	12912 STARLING DR.
City-State-Zip:	ODESSA FL 33556

Title	S
Name	DAKOFF, MARGARET R
Address	7516 BIRDWOOD COURT
City-State-Zip:	NEW PORT RICHEY FL 34653-2102

Title	DIRECTOR
Name	PRICE, CASEY L
Address	1829 DOUGLAS AVENUE
City-State-Zip:	DUNEDIN FL 34698

Title	DIRECTOR
Name	DAKOFF, ALAN
Address	7516 BIRDWOOD COURT
City-State-Zip:	NEW PORT RICHEY FL 34653-2102

Title	DIRECTOR
Name	GREELISH, SEAN L
Address	12912 STARLING DRIVE
City-State-Zip:	ODESSA FL 33556

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: ALAN DAKOFF**TREASURER****02/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date