


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90026 040 \*\*\*\*61.25

**DOCUMENT # 718278**  
 1. Entity Name  
**BEER INDUSTRY OF FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**210 S. MONROE ST.**      **P.O. BOX 10908**  
**SUITE 210**      **TALLAHASSEE, FL 32302**  
**TALLAHASSEE, FL 32301 US**

**DO NOT WRITE IN THIS SPACE**

**60023311**



03172008 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
**59-1287809**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**BENTON, EARL**  
**210 S. MONROE ST., STE. 210**  
**TALLAHASSEE, FL 32301**

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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 \_\_\_\_\_ DATE **3-31-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	BENTON, EARL
STREET ADDRESS	5571 FLORING MINING BLVD. S.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	MAL
NAME	CONE, DOUG JR.
STREET ADDRESS	CONE DIST. CO. 500 N.W. 27TH AVE.
CITY-ST-ZIP	OCALA, FL
TITLE	S
NAME	CONNORS, MICHELE
STREET ADDRESS	4 N. PERROTT DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32175
TITLE	PC
NAME	SCHENCK, JEFF
STREET ADDRESS	3861 SHADER ROAD
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	VC
NAME	TAYLOR, III, JOHN J
STREET ADDRESS	11780 US HWY 1, SUITE 204
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	C
NAME	MAISEL, ELLIOT
STREET ADDRESS	3378 MOFFETT RD
CITY-ST-ZIP	MOBILE, AL 36607

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: \_\_\_\_\_ DATE **3-31-08** DAYTIME PHONE # **904-268-1008 X306**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR