

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 823398

1. Entity Name
HEAVEN HILL DISTILLERIES, INC.



Principal Place of Business

**P.O. BOX 729
HIGHWAY #49 1 1/2 MILES S E
BARDSTOWN, KY 40004**

Mailing Address

**P.O. BOX 729
HIGHWAY #49 1 1/2 MILES S E
BARDSTOWN, KY 40004**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
61-0402960

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PREFERRED BEVERAGE MARKETING, INC.
2684 NW 48TH STREET
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000789520
01/22/08-80030-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PULLIAM, H. MARK
STREET ADDRESS	121 CAMBRON DR
CITY-ST-ZIP	BARDSTOWN, KY
TITLE	V
NAME	HOBBS, DAVID M.
STREET ADDRESS	1105 POPLAR FLAT RD
CITY-ST-ZIP	BARDSTOWN, KY
TITLE	VD
NAME	SHAPIRA, HARRY
STREET ADDRESS	1058 ALTA VISTA ROAD
CITY-ST-ZIP	LOUISVILLE, KY 0,
TITLE	P
NAME	SHAPIRA, MAX L
STREET ADDRESS	4106 WOODSTONE WAY
CITY-ST-ZIP	LOUISVILLE, KY 40241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #