

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90005 039 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # 829335**

1. Entity Name  
**A. SMITH BOWMAN DISTILLERY, INCORPORATED**



Principal Place of Business  
**ONE BOWMAN DR.  
 FREDERICKSBURG, VA 22408-7318**

Mailing Address  
**ONE BOWMAN DR.  
 FREDERICKSBURG, VA 22408-7318**

**54062562**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**54-0715022**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARLES ROSENBERG/GINGER SPIRITS  
 3699 PLUTO TERRACE.  
 SUITE 410  
 WEST PALM BEACH, FL 33403**

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

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  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$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 **D**  Delete  
 NAME **BOWMAN, MARY L**  
 STREET ADDRESS **1260 CREST LANE**  
 CITY-ST-ZIP **MCLEAN, VA 22101**

TITLE **Secretary/Treasurer**  Change  Addition  
 NAME **W. Thomas Cage**  
 STREET ADDRESS **11494 Otter Run Drive, Ashland VA 23005**  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **ADAMS, JOHN B JR**  
 STREET ADDRESS **CHIMNEYS**  
 CITY-ST-ZIP **THE PLAINS, VA 22171**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **EVP**  Delete  
 NAME **BROWN, TIM S.**  
 STREET ADDRESS **115 BROADUS AVE.**  
 CITY-ST-ZIP **BOWLING GREEN, VA 22427**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD**  Delete  
 NAME **LEE, ROBERT E IV**  
 STREET ADDRESS **4418 CHALFONT PL**  
 CITY-ST-ZIP **BETHESDA, MD 20816**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BOWMAN, HELEN P.**  
 STREET ADDRESS **VANTAGE POINT**  
 CITY-ST-ZIP **THE PLAINS, VA 22171**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BURTON, KATHERINE B**  
 STREET ADDRESS **5105 BALTIMORE AVENUE**  
 CITY-ST-ZIP **BETHESDA, MD 20816**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: W. Thomas Cage  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-2004  
 Date Daytime Phone #