
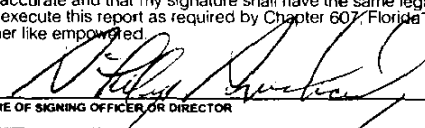


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90096 022 \*\*\*150.00

<b>DOCUMENT # F04000003281</b>					
<b>1. Entity Name</b> <b>PRICHARD'S DISTILLERY, INC.</b>					
<b>Principal Place of Business</b> <b>11 KELSO SMITHLAND ROAD</b> <b>KELSO, TN 37348</b>			<b>Mailing Address</b> <b>P.O. BOX 100</b> <b>KELSO, TN 37348</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <b>62-1718338</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>KIMBALL, SARAH</b> <b>513 89TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33702</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>SARAH KIMBALL</b> Street Address (P.O. Box Number is Not Acceptable) <b>470 14th Ave. N.</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33701</b>		
<b>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.</b> SIGNATURE <u>SARAH KIMBALL</u> DATE <u>01/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> PC <b>NAME</b> PRICHARD, PHILIP <b>STREET ADDRESS</b> 53 WEST STEPHENS CREEK RD <b>CITY-ST-ZIP</b> KELSO, TN 37348	<input type="checkbox"/> Delete				
<b>TITLE</b> VT <b>NAME</b> PRICHARD, CONSTANCE <b>STREET ADDRESS</b> 53 WEST STEPHENS CREEK RD <b>CITY-ST-ZIP</b> KELSO, TN 37348	<input type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> KUSEN, JANE <b>STREET ADDRESS</b> 22 BUGGER HOLLOW ROAD <b>CITY-ST-ZIP</b> FAYETTEVILLE, TN 37334	<input type="checkbox"/> Delete				
<b>TITLE</b> VC <b>NAME</b> CRAFT, FRANK <b>STREET ADDRESS</b> 3759 S GALLOWAY DR <b>CITY-ST-ZIP</b> MEMPHIS, TN 38117	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> COLE, CHARLES E SR <b>STREET ADDRESS</b> 8323 HIGHWAY 51N <b>CITY-ST-ZIP</b> MILLINGTON, TN 38053	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> TOWNE, RICHARD DR <b>STREET ADDRESS</b> 6369 WYNFREY PLACE <b>CITY-ST-ZIP</b> MEMPHIS, TN 38120	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE: PHILIP PRICHARD</b> 				<b>101/10/08</b> <b>931-433-5454</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	