

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003281

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: PRICHARD'S DISTILLERY, INC.

## Current Principal Place of Business:

11 KELSO SMITHLAND ROAD  
KELSO, TN 37348

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 100  
KELSO, TN 37348

## New Mailing Address:

FEI Number: 62-1718338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIMBALL, SARAH  
470 14TH AVE N  
SAINT PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

PEACOCK, SARAH  
3693 HOLLOW TRAIL COURT  
PALM HARBOR, FL 34684 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: SARAH PEACOCK

07/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: PRICHARD, PHILIP  
Address: 53 WEST STEPHENS CREEK RD  
City-St-Zip: KELSO, TN 37348

Title: VT ( ) Delete  
Name: PRICHARD, CONSTANCE  
Address: 53 WEST STEPHENS CREEK RD  
City-St-Zip: KELSO, TN 37348

Title: S ( ) Delete  
Name: KUSEN, JANE  
Address: 22 BUGGER HOLLOW ROAD  
City-St-Zip: FAYETTEVILLE, TN 37334

Title: VC ( ) Delete  
Name: CRAFT, FRANK  
Address: 3759 S GALLOWAY DR  
City-St-Zip: MEMPHIS, TN 38117

Title: D ( ) Delete  
Name: PETTY, RONALD N  
Address: 439 CANTERBURY RISE  
City-St-Zip: FRANKLIN, TN 37067

Title: D ( ) Delete  
Name: TOWNE, RICHARD DR  
Address: 6369 WYNFREY PLACE  
City-St-Zip: MEMPHIS, TN 38120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILIP PRICHARD

MR.

07/10/2009

Electronic Signature of Signing Officer or Director

Date