

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004663

Entity Name: FISH BREWING CO.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

515 JEFFERSON ST SE  
OLYMPIA, WA 98501

## New Principal Place of Business:

## Current Mailing Address:

515 JEFFERSON ST SE  
OLYMPIA, WA 98501

## New Mailing Address:

FEI Number: 91-1585584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

APPLE A DAY INC.  
803 BELL RD.  
SARASOTA, FL 34240 US

## Name and Address of New Registered Agent:

TREE OF LIFE  
4055 DEER PARK BLVD  
ELKTON, FL 32033 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: K. RICHARD LANE

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: MORSE, LYLE  
Address: PO BOX 12567  
City-St-Zip: OLYMPIA, WA 98508

Title: V ( ) Delete  
Name: HANSEN, SCOTT  
Address: PO BOX 512  
City-St-Zip: LEAVENWORTH, WA 98826

Title: S ( ) Delete  
Name: BILLS, MARTIN G  
Address: 1023 101 ST. SE  
City-St-Zip: OLYMPIA, WA 98501

Title: TD ( ) Delete  
Name: HOWARD, GEORGE  
Address: 6358 S. 298TH PLACE  
City-St-Zip: AUBURN, WA 98001

Title: VC ( ) Delete  
Name: LEONE, SALE  
Address: 15029 WOODINVILLE - REDMOND RD  
City-St-Zip: WOODINVILLE, WA 78072

Title: D ( ) Delete  
Name: BARRON, MARTIN  
Address: 1300 FIRST ST.  
City-St-Zip: WENATCHEE, WA 98801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BILLS, MARTIN G  
Address: 10430 NYLA LN SE  
City-St-Zip: OLYMPIA, WA 98501

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

Title: S (X) Change ( ) Addition  
Name: BERRY, C. SANFORD  
Address: 8511 EVERGREEN DR SE  
City-St-Zip: OLYMPIA, WA 98506

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: MARTIN G. BILLS

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date