

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004071

Entity Name: COTT BEVERAGES INC.

FILED  
Apr 20, 2011  
Secretary of State

**Current Principal Place of Business:**

5519 W. IDLEWILD AVENUE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5519 W. IDLEWILD AVENUE  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 58-1947565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: POE, MARNI M  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: TRES  
Name: ZIMMERMAN, MICHAEL  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: PRES  
Name: FOWDEN, JERRY  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: DIR  
Name: FOWDEN, JERRY  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

Title: DIR  
Name: CRAVENS, NEAL  
Address: 5519 W. IDLEWILD AVENUE  
City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: MARNI M POE

SEC

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date