

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000000513

1. Entity Name
PETE'S BREWING COMPANY



Principal Place of Business
**14800 SAN PEDRO AVE
3RD FLOOR
SAN ANTONIO, TX 78232**

Mailing Address
**14800 SAN PEDRO AVE
3RD FLOOR
SAN ANTONIO, TX 78232**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0110743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ALVAREZ, CARLOS E
505 TOMAHAWK TRAILS
SAN ANTONIO, TX 78232**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BOLZ, JAMES J
14102 BLUFF GROVE
SAN ANTONIO, TX 78216**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
CUNNINGHAM, RUSSELL S
314 ROYAL OAKS
SAN ANTONIO, TX 78209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LEVINE, WILLIAM
19510 BATTLE OAK
SAN ANTONIO, TX 78258**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/28/05-80067-014 150.00

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IN THIS SPACE**

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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James J. Bolz, Treasurer 4/22/05 210-490-9128