

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H16369

FILED
May 25, 2004
Secretary of State

Entity Name: BEVERAGE SERVICE & EQUIPMENT, INC.

Current Principal Place of Business:

4069 13TH STREET
SAINT CLOUD, FL 34769

New Principal Place of Business:

4417 13TH STREET
SAINT CLOUD, FL 34769

Current Mailing Address:

4069 13TH ST
PMB 319
SAINT CLOUD, FL 34769

New Mailing Address:

4417 13TH ST
PMB 319
SAINT CLOUD, FL 34769

FEI Number: 59-2443250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JAMES R
3730 KISSIMMEE PARK RD
SAINT CLOUD, FL 34772 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, JAMES R.,
Address: 3730 KISSIMMEE PARK ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: VSD () Delete
Name: KING, CAROL,
Address: 3730 KISSIMMEE PARK ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: T () Delete
Name: EVANS, LINDA JOY,
Address: 1540 FRANCES STREET
City-St-Zip: KISSIMMEE, FL 34744

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL KING

VPD

05/25/2004

Electronic Signature of Signing Officer or Director

Date