2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # J34292 EVERAGE COMPANY					04-29-2005	90197 026	***150	0.00
Principal Place of Business · 15000 U.S. HIGHWAY 301 N DADE CITY, FL 33523-2401		Mailing Address P.O. BOX 97 DADE CITY, FL 33526-0097			1 (31) (1) 1 (87)	• •, 8/2/9 240 210 601	RISH BITTE SIBIT BIBIT	A RIBIN BITTI	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005	Chg-P	CR2E034 (1	10/03)		
City & State		City & State		4. FEI Number 59-2721	774		\rightarrow	plied For t Applicable	
Zip	Country Zip		Country		5. Certificate of	Status Desired	□ \$8.	75 Addi Required	itional i
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R	egistered Agen	t	
l				Name					
REESE, BEN 15000 U.S. HIGHWAY 301 N DADE CITY, FL 33523-2401			-	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	3
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	d office or register	red agent, or both,	in the State of Flo	rida. I am famili	iar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if acolicable. (NOTE	: Registered	Agent signature required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campai Trust Fund Contr			.00 May Be led to Fees				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550 OFFICERS AN	Trust Fund Contr			led to Fees	HANGES TO OFF	ICERS AND DIR	ECTORS	S IN 11
After Ma	ay 1, 2005 Fee will be \$550	D.00 Trust Fund Control D DIRECTORS	ribution.	☐ Ādd	led to Fees	HANGES TO OFF		ECTORS Change	S IN 11
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2. Thereby certify that the information supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(f), Profice Statutes, 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 like empowered.

SIGNATURE: BEN KEESE 04/28/05 352-521