


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # J44087 1. Entity Name SOUTHEAST-ATLANTIC BEVERAGE CORPORATION	
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Principal Place of Business % C T CORPORATION SYSTEM 6001 BOWDENDALE AVE JACKSONVILLE, FL 32216	Mailing Address % C T CORPORATION SYSTEM 6001 BOWDENDALE AVE JACKSONVILLE, FL 32216
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2741848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PAUL, ROBERT H. III 6001 BOWDENDALE AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENT, JAMES V.E. 1125 NORTH ELLIS ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAUL, CHRISTOPHER 6001 BOWDENDALE AV JAX, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JACKSON, GUY 6001 BOWDENDALE AV JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FICHTHORN 514 HOLLOW TREE RIDGE ROAD DARIEN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, JOHN R 118 W ADAMS ST JAX, FL

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 like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/27/04 Date	(904) 739-1000 Daytime Phone #
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