

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90156 047 ***150.00

DOCUMENT # J44087

1. Entity Name
SOUTHEAST-ATLANTIC BEVERAGE CORPORATION



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**

50024302



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2741848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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	DC
NAME	PAUL, ROBERT H: III
STREET ADDRESS	6001 BOWDENDALE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	BENT, JAMES V.E.
STREET ADDRESS	1125 NORTH ELLIS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DP
NAME	PAUL, CHRISTOPHER
STREET ADDRESS	6001 BOWDENDALE AV
CITY-ST-ZIP	JAX, FL
TITLE	VS
NAME	JACKSON, GUY
STREET ADDRESS	6001 BOWDENDALE AV
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	FICHTHORN
STREET ADDRESS	514 HOLLOW TREE RIDGE ROAD
CITY-ST-ZIP	DARIEN, CT
TITLE	D
NAME	SCHULTZ, JOHN R
STREET ADDRESS	118 W ADAMS ST
CITY-ST-ZIP	JAX, FL

**DO NOT WRITE
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Guy D. Jackson 3/7/05 904-739-1000