


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 027 ***150.00

DOCUMENT # J83774	
1. Entity Name BEVERAGE LAW INSTITUTE, INC.	

Principal Place of Business 2864 REMINGTON GREEN CIRCLE SUITE A TALLAHASSEE, FL 32308 US	Mailing Address PO BOX 13678 TALL, FL 32317 US
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2. Principal Place of Business 2833 Remington Green Circle Suite, Apt. #, etc. 2nd floor	3. Mailing Address P.O. Box 13678 Suite, Apt. #, etc.
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City & State Tallahassee Florida	City & State Tallahassee Florida
Zip 32308	Zip 32317
Country USA	Country USA



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2846522	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 HORACE A. MOODY 2864 REMINGTON GREEN CIRCLE, SUITE A TALLAHASSEE, FL 32308	
7. Name and Address of New Registered Agent Name Horace A. Moody Street Address (P.O. Box Number is Not Acceptable) 2833 Remington Green Circle 2nd floor City Tallahassee FL Zip Code 32308	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS MOODY, HORACE A. 2864 REMINGTON GREEN CIRCLE, SUITE A TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MOODY, HORACE A. 2864 REMINGTON GREEN CIRCLE, SUITE A TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Horace A. Moody **HORACE A. MOODY** 1/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #