


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008973**

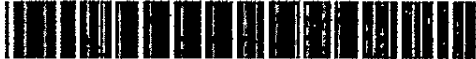
1. Entity Name  
**BEST FLORIDA BEER INC.**



Principal Place of Business  
**5918 N OTIS AVENUE  
TAMPA, FL**

Mailing Address  
**5918 N OTIS AVENUE  
TAMPA, FL**

**DO NOT WRITE IN THIS SPACE**



07152005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**11-3675912** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FOUCH, MICHAEL  
5918 N OTIS AVENUE  
TAMPA, FL**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is **\$61.25**  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOUCH, MICHAEL 5918 N OTIS AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DAVE 1316 AMBLE LANE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHN, KAREN PO BOX 24691 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOENIG, KEN 11005 BOTTLEBRUCH PLACE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'REGAN, PHIL 7506 N CAMERON TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000376618  
08/18/05-80003-002 61.25

**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)(f), 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 617, 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: Michael Fouch 8/13/2005 813-220-1086  
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #