

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008973

FILED  
Jul 13, 2006  
Secretary of State

Entity Name: BEST FLORIDA BEER INC.

## Current Principal Place of Business:

5918 N OTIS AVENUE  
TAMPA, FL

## New Principal Place of Business:

## Current Mailing Address:

5918 N OTIS AVENUE  
TAMPA, FL

## New Mailing Address:

FEI Number: 11-3675912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

FOUCH, MICHAEL  
5918 N OTIS AVENUE  
TAMPA, FL      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: FOUCH, MICHAEL  
Address: 5918 N OTIS AVENUE  
City-St-Zip: TAMPA, FL

Title: D      ( ) Delete  
Name: MORGAN, DAVE  
Address: 1316 AMBLE LANE  
City-St-Zip: CLEARWATER, FL

Title: D      ( ) Delete  
Name: HAHN, KAREN  
Address: PO BOX 24691  
City-St-Zip: TAMPA, FL

Title: DT      ( ) Delete  
Name: KOENIG, KEN  
Address: 11005 BOTTLEBRUCH PLACE  
City-St-Zip: TAMPA, FL

Title: DS      ( ) Delete  
Name: O'REGAN, PHIL  
Address: 7506 N CAMERON  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL FOUCH

DP

07/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date