


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90397 045 \*\*\*\*61.25

<b>DOCUMENT # N25013</b> 1. Entity Name <b>THE ANHEUSER-BUSCH GRAY EAGLES, INC.</b>					
Principal Place of Business <b>HILLSBOROUGH CO. TAMPA FL 33983</b>		Mailing Address <b>6035 SEA RANCH DR. HUDSON, FL 34667</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6035 SEA RANCH DR. #312 HUDSON, FL</b>			
City & State <b>HUDSON, FL</b>		4. FEI Number <b>NO-T APPLICABLE</b>		Applied For Not Applicable	
Zip <b>34667</b>	Country <b>PASCO</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MERSEBEAU, DOROTHY 18805 GERACI RD. LUTZ FL 33549</b>			7. Name and Address of New Registered Agent Name <b>ARLENE W. MONK</b> Street Address (P.O. Box Number is Not Acceptable) <b>6035 SEA RANCH DR. #312</b> City <b>HUDSON</b> FL Zip Code <b>34667</b>		
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 <b>ARLENE W. MONK</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Arlene W. Monk</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>3/26/04</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>SECRETARY</b> <input checked="" type="checkbox"/> Delete NAME <b>ARGERIOUS, JOHN</b> STREET ADDRESS <b>27816 SUMMER PL DR</b> CITY-ST-ZIP <b>27816 FL 33543</b>	TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>VOLKEL ALFRED</b> STREET ADDRESS <b>5054 MT. OLIVE SHORES DR.</b> CITY-ST-ZIP <b>POLK CITY, FL 33868</b>				
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>THOMPSON, JOHN</b> STREET ADDRESS <b>8706 E NAVAJO AVE</b> CITY-ST-ZIP <b>TAMPA FL 33637</b>	TITLE <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>ARGERIOUS, JOHN</b> STREET ADDRESS <b>27816 SUMMER PLACE DR.</b> CITY-ST-ZIP <b>WESLEY CHAPEL, FL 33543</b>				
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>MILLER, CLARA</b> STREET ADDRESS <b>8818 BROWNSTONE DR</b> CITY-ST-ZIP <b>TAMPA FL 33612</b>	TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>ARLENE W. MONK</b> STREET ADDRESS <b>6035 SEA RANCH DR. #312</b> CITY-ST-ZIP <b>HUDSON, FL 34667</b>				
TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Delete NAME <b>VOLKEL, ALFRED</b> STREET ADDRESS <b>5054 MT. OLIVE SHORES DRIVE</b> CITY-ST-ZIP <b>POLK CITY FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <b>KILLEBREW, BRUNIS</b> <input checked="" type="checkbox"/> Delete NAME <b>DECEASED</b> STREET ADDRESS <b>P.O. BOX 1196</b> CITY-ST-ZIP <b>SAN ANTONIO FL 33576</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <b>MERSEBEAU, DOROTHY</b> <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS <b>18805 GERACI RD.</b> CITY-ST-ZIP <b>LUTZ FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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 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: <b>Arlene W. Monk</b>		<b>3/26/04</b>		<b>727-869-6762</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	