


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90018 005 \*\*\*\*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 DRIVE # 312 HUDSON FL 34667 US</b>
---------------------------------------------------------------------------	-------------------------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---------------------------------------------------------------------------	-----------------------------------------------

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>NO-T APPLICABLE</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
-----------------------------------------------------------	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>MONK, ARLENE W 6035 SEA RANCH DRIVE # 312 HUDSON FL 34667</b>
--------------------------------------------------------------------------------------------------------------------------------------------

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
------------------------------------------------------------------------------------------------------------------------------------------------

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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>
--------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
T NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
MONK, ARLENE W 6035 SEA RANCH DRIVE # 312 HUDSON FL 34667	
P NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
VOLKEL, ALFRED 5054 MT. OLIVE SHORES DRIVE POLK CITY FL 33868	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Arlene W. Monk **4-1-7** **727-869-6762**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #