

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

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90024 031 \*\*\*\*70.00

**DOCUMENT # N98000004815**

1. Entity Name

BUCCANEER BREW CREW, INC.



Principal Place of Business

206 WILD OAK DR  
BRANDON FL 33511

Mailing Address

206 WILD OAK DRIVE  
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3566037

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SWITZER, WALLY	
STREET ADDRESS	1271 A FOREST ST.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHISM, JIM	
STREET ADDRESS	206 WILD OAK DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ALAN	
STREET ADDRESS	206 WILD OAK DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STEELE, WILLIAM R	
STREET ADDRESS	206 WILD OAK DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEYES, THOMAS L JR	
STREET ADDRESS	1906 MEADOWRIDGE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCURDY, THOMAS	
STREET ADDRESS	206 WILD OAK DR	
CITY-ST-ZIP	BRANDON FL 33511	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT WILLIAMS	
STREET ADDRESS	3017 WILTON LANE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	<del>TY MATHIS</del> DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TY MATHIS	
STREET ADDRESS	4604 LITHIA PINECREST RD	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	<del>JIM SHARP</del> DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM SHARP	
STREET ADDRESS	9801 SUNNYOAK DR	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** *William R. Steele STD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/04*

Date

*813-495-4342*

Daytime Phone #