

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004815

FILED
Apr 20, 2006
Secretary of State

Entity Name: BUCCANEER BREW CREW, INC.

Current Principal Place of Business:

9801 SUNNYOAK DR.
RIVERVIEW, FL 33569

New Principal Place of Business:

3017 WILTON LANE
VALRICO, FL 33594

Current Mailing Address:

9801 SUNNYOAK DR.
RIVERVIEW, FL 33569

New Mailing Address:

3017 WILTON LANE
VALRICO, FL 33594

FEI Number: 59-3566037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: VP () Delete
Name: SWITZER, WALLY
Address: 1271 A FOREST ST.
City-St-Zip: TAMPA, FL 33612

Title: PRES () Delete
Name: WILLIAMS, SCOTT
Address: 3017 WILTON LANE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: SMITH, ALAN
Address: 206 WILD OAK DRIVE
City-St-Zip: BRANDON, FL 33511

Title: SEC. () Delete
Name: SHARP, JIM
Address: 9801 SUNNYOAK DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: KEYES, THOMAS L JR
Address: 1906 MEADOWRIDGE DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: MCCUROY, THOMAS
Address: 206 WILD OAK DR
City-St-Zip: BRANDON, FL 33511

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:

Title: D (X) Change () Addition
Name: MCCURDY, THOMAS
Address: 206 WILD OAK DR
City-St-Zip: BRANDON, FL 33511

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: SCOTT WILLIAMS

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date