

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004815

FILED  
Jul 29, 2009  
Secretary of State

Entity Name: BUCCANEER BREW CREW, INC.

## Current Principal Place of Business:

3017 WILTON LANE  
VALRICO, FL 33594

## New Principal Place of Business:

## Current Mailing Address:

3017 WILTON LANE  
VALRICO, FL 33594

## New Mailing Address:

FEI Number: 59-3566037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

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: 3347 FOXRIDGE CR.  
City-St-Zip: TAMPA, FL 33618 US

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

Title: D      ( ) Delete  
Name: SMITH, ALAN  
Address: 1754 TARAH TRACE DR.  
City-St-Zip: BRANDON, FL 33511 US

Title: SEC.      ( ) Delete  
Name: GRECCO, ORIE  
Address: 506 SPORTMAN PARK DR.  
City-St-Zip: SEFFNER, FL 33584 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

07/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date