## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000027876**

1. Entity Name

BEVERAGE LAW CONSULTANTS, INC.



Principal Place of Business

Mailing Address

848 EXECUTIVE DRIVE 100 OVIEDO, FL 32765

GREER, JAMES A

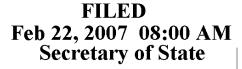
OVIEDO, FL 32765

848 EXECUTIVE DRIVE #100

848 EXECUTIVE DRIVE

100

OVIEDO, FL 32765





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02192007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2857900

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title it	t applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE:	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, JAMES A 848 EXECUTIVE DRIVE SUITE 100 OVIEDO, FL 32765			U00000643777		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				03/02/07-80016-001 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an arteress, with all other like empowered.

SIGNATURE:

CITY-SI-ZIP

TITLE

NAME

STREET ADDRESS

CITY-SI-ZIP

BIGNATURE AND TYPES OF PRINTED NAME OF BROWNS OF FICEBOOK DIRECTO

2nalo7

Davime Phone #