


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 025 ***150.00

DOCUMENT # P00000077307 1. Entity Name BEVERAGE HOSPITALITY, INC.			
Principal Place of Business 2864 REMINGTON GREEN CIRCLE SUITE A TALLAHASSEE, FL 32308		Mailing Address 2864 REMINGTON GREEN CIRCLE SUITE A TALLAHASSEE, FL 32308	
2. Principal Place of Business 2833 Remington Green Circle Suite, Apt. # etc. 2nd floor		3. Mailing Address P.O. Box 13678 Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32308	Country USA	Zip 32317	Country USA
4. FEI Number 59-3717407		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOODY, HORACE A 2864 REMINGTON GREEN CIRCLE SUITE A TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Horace A. Moody Street Address (P.O. Box Number is Not Acceptable) 2833 Remington Green Circle 2nd floor City Tallahassee FL Zip Code 32308	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOODY, HORACE A 2864 REMINGTON GREEN CIRCLE SUITE A TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <i>Horace A. Moody</i>		Date 1/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50013720



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