



Apr 29,
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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000104072		
1. Entity Name TBREW INC.		
Principal Place of Business 3722 N ROOSEVELT BLVD KEY WEST, FL 33040		Mailing Address 3722 N ROOSEVELT BLVD KEY WEST, FL 33040
DO NOT WRITE IN THIS SPACE		
		 03182004 No Chg-P CR2E034 (10/03)
4. FCI Number 65-1051049		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THORNBRUGH, JAMES E 317 BLACKBEARD LITTLE TORCH KEY, FL 33042		DO NOT WRITE IN THIS SPACE
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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		<div>U000000139690 04/29/04-80131-014 150.00</div> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	P THORNBRUGH, JAMES E 317 BLACKBEARD LITTLE TORCH KEY, FL 33042	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP THORNBRUGH, LAURA D 317 BLACKBEARD LITTLE TORCH KEY, FL 33042	
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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)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		426-04 Date Typed Name