

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90220 037 \*\*\*150.00

<b>DOCUMENT # P01000007073</b> 1. Entity Name <b>PALMETTO BEVERAGES, INC.</b>																											
Principal Place of Business <b>2638 GOLFRIDGE LANE</b> <b>APOPKA, FL 32712 US</b>		Mailing Address <b>2638 GOLFRIDGE LANE</b> <b>APOPKA, FL 32712 US</b>																									
2. Principal Place of Business <b>8800 Arlington Expressway</b> Suite, Apt. #, etc. <b>Suite H</b> City & State <b>Jacksonville, FL</b> Zip <b>32211</b> Country <b>USA</b>		3. Mailing Address <b>8800 Arlington Expressway</b> Suite, Apt. #, etc. <b>Suite H</b> City & State <b>Jacksonville, FL</b> Zip <b>32211</b> Country <b>USA</b>																									
4. FEI Number <b>59-3692335</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>CAVANAUGH, JAMES E JR</b> <b>2638 GOLFRIDGE LANE</b> <b>APOPKA, FL 32712</b>		7. Name and Address of New Registered Agent Name <b>James E Cavanaugh, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8800 Arlington Expressway</b> <b>Suite H</b> City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32211</b>																									
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 <b>JAMES E. CAVANAUGH JR / President</b> DATE <b>4-29-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">CAVANAUGH, JAMES E JR</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2638 GOLFRIDGE LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">APOPKA, FL 32712</td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	CAVANAUGH, JAMES E JR		STREET ADDRESS	2638 GOLFRIDGE LANE		CITY-ST-ZIP	APOPKA, FL 32712		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Cavanaugh, James E JR</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8800 Arlington Expressway, Suite H</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Jacksonville, FL 32211</td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Cavanaugh, James E JR		STREET ADDRESS	8800 Arlington Expressway, Suite H		CITY-ST-ZIP	Jacksonville, FL 32211	
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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: <b>JAMES E. CAVANAUGH JR</b> DATE <b>4-29-04</b> DAYTIME PHONE # <b>904-7217030</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											