

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED  
04-12-2005 90132592 \*\*\*150.00  
P04000002464

05 MAY 31 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000002464</b>					
<b>1. Entity Name</b> BEER CITY, INC.					
<b>Principal Place of Business</b> 4113 BAMBOO DR PENSACOLA FL 32526 US			<b>Mailing Address</b> 4113 BAMBOO DR PENSACOLA FL 32526 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 90-0132592	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WHITE, DEVRA 4113 BAMBOO DR PENSACOLA FL 32526			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D	<b>NAME</b> WHITE, DAVID M	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>STREET ADDRESS</b> 4113 BAMBOO DR	<b>CITY-ST-ZIP</b> PENSACOLA FL 32526		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4113 BAMBOO DR	<b>CITY-ST-ZIP</b> PENSACOLA FL 32526		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4113 BAMBOO DR	<b>CITY-ST-ZIP</b> PENSACOLA FL 32526		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4113 BAMBOO DR	<b>CITY-ST-ZIP</b> PENSACOLA FL 32526		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 8151 SPICEWOOD DR	<b>CITY-ST-ZIP</b> PENSACOLA FL 32526		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> PENSACOLA FL 32526	<b>CITY-ST-ZIP</b> PENSACOLA FL 32526		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Devra K White</i> <b>DEVRA K WHITE</b> 4-5-05 (850) 453-8827					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					