


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90007 038 \*\*\*150.00

<b>DOCUMENT # P04000101981</b>	
1. Entity Name <b>BREWERS HOLDING COMPANY OF SWFL</b>	

Principal Place of Business <b>13550 REFLECTIONS PKWY STE 4-401 FT MYERS, FL 33907</b>	Mailing Address <b>C/O ROBERT D. ROYSTON, JR., ESQ. PO DRAWER 60205 FT MYERS, FL 33906</b>
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**40030537**



2. Principal Place of Business - No P.O. Box # <b>1400 Colonial Blvd.</b>	3. Mailing Address
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Suite, Apt. #, etc. <b>Suite 33</b>	Suite, Apt. #, etc.
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City & State <b>Fort Myers, FL</b>	City & State
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Zip <b>33907</b>	Country	Zip	Country
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01312007 Chg-P CR2E034 (12/06)

4. FEI Number <b>06-1729503</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROYSTON, JR., ROBERT D ESQ. 12670 NEW BRITTANY BLVD., STE 101 FT MYERS, FL 33907</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEICHERT, KENNETH B 2308 SW 52 LN CAPE CORAL, FL 339146650 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 Colonial Blvd., Suite 33 Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEICHERT, PATTI M 2308 SW 52 LN CAPE CORAL, FL 339146650 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 Colonial Blvd., Suite 33 Fort Myers, FL 33907
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 address, with all other like empowered.

**SIGNATURE:** KENNETH B. WEICHERT, PRESIDENT *[Signature]* 2-16-07 (239) 699-7306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #