

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90042 033 ***150.00

DOCUMENT # P04000163072

1. Entity Name
INTERNATIONAL BREW, INC.



Principal Place of Business
**193 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**193 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

50002192



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-2318368

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNDELL, G. THEO
2140 VILLA WAY
NEW SMYRNA BEACH, FL 32169**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MUNDELL, G. THEO**
CITY-ST-ZIP **2140 VILLA WAY
NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **RAGSDALE, SANDRA**
CITY-ST-ZIP **1707 N INDIAN RIVER RD
NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RAGSDALE, KENNETH**
CITY-ST-ZIP **1707 N INDIAN RIVER RD
NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **COLVIN, ROBERT**
CITY-ST-ZIP **105 RIO DEL MAR DRIVE
NEW SMYRNA BEACH, FL 32169**

TITLE ☒ Change ☐ Addition
NAME **105 Rio Del Mar Drive**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COLVIN, MARYLOU**
CITY-ST-ZIP **102 RIO DEL MAR DRIVE
NEW SMYRNA BEACH, FL 32169**

TITLE ☒ Change ☐ Addition
NAME **105 Rio Del Mar Drive**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T.**
STREET ADDRESS **MARYE, DAVID**
CITY-ST-ZIP **3403 KURNQUAT DRIVE
EDGEWATER, FL 32141**

TITLE ☒ Change ☐ Addition
NAME **3403 Kurnquat Dr.**
STREET ADDRESS
CITY-ST-ZIP

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: *Sandra Ragdale* *David Marye* *32508*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #