


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000126453 1. Entity Name SW FLORIDA BEVERAGE HOLDINGS, INC.	
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Principal Place of Business 5690 DEREK AVENUE SARASOTA, FL 34233	Mailing Address P.O. BOX 17136 SARASOTA, FL 34276
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3483016	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BETTERTON, GREG A 981 RIDGEWOOD AVENUE SUITE 101 VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>U00000648176 03/06/07-80101-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTRELL, WILLIAM D 4842 SWEETMEADOW CIRCLE SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEGGETTE, EDWARD L 4014 BIENVENUE DRIVE GREENSBORO, NC 27409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ERNEST W 1148 HIGHWAY 62 W HIGH POINT, NC 27263	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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:  **WILLIAM D. CANTRELL** **2/12/2007** **(941) 921-9295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #