


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90014 042 \*\*\*150.00

<b>DOCUMENT # P06000085315</b>	
1. Entity Name <b>HIGHWAY 17 BEVERAGE INC.</b>	

Principal Place of Business <b>1634 DOCKSIDE DRIVE ORANGE PARK, FL 32003</b>	Mailing Address <b>1634 DOCKSIDE DRIVE ORANGE PARK, FL 32003</b>
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2. Principal Place of Business - No P.O. Box # <b>6072 US. HWY 17 SOUTH Suite, Apt. #, etc. GREEN COVE SPRINGS.</b>	3. Mailing Address <b>6072 US. HWY 17 SOUTH Suite, Apt. #, etc. G.C. SPRINGS.</b>
City & State <b>FLORIDA</b>	City & State <b>FLORIDA</b>
Zip <b>32043</b>	Country <b>CLAY</b>



01292007 Chg-P CR2E034 (12/08)

4. FEI Number <b>20-5095533</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>WILSON, DALE S 718 N. ORANGE AVENUE GREEN COVE SPRINGS, FL 32043</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Hackley* DATE 02-19-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEB 16 \$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	PSTD KAING, HOC 166 FREELAND DRIVE COLLEGEVILLE, PA 19426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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
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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: *Hackley* DATE 02-19-2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR