

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2004 08:00 AM
Secretary of State
RECEIVED
JAN 27 2004
By _____

DOCUMENT # P12416

1. Entity Name

ANCHOR BREWING COMPANY



Principal Place of Business

1705 MARIPOSA ST.
SAN FRANCISCO CA 94107

Mailing Address

1705 MARIPOSA ST.
SAN FRANCISCO CA 94107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-1488005

Applied For

Not Applicable

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

MCLENDON, JOHN
SOUTHERN WINES AND SPIRITS
1600 NW 163RD ST.
MIAMI FL 33169

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PTD ☐ Delete
NAME MAYTAG, FREDERICK L.
STREET ADDRESS 1705 MARIPOSA ST.
CITY-ST-ZIP SAN FRANCISCO CA

TITLE V ☐ Delete
NAME MACDERMOTT, GORDON
STREET ADDRESS 1705 MARIPOSA ST.
CITY-ST-ZIP SAN FRANCISCO CA

TITLE AS ☐ Delete
NAME ROWE, LINDA
STREET ADDRESS 1705 MARIPOSA ST
CITY-ST-ZIP SAN FRANCISCO CA 94107

TITLE D ☐ Delete
NAME CARPENTER, MARK
STREET ADDRESS 1705 MARIPOSA ST.
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000073398
03/02/04-80034-022 150.00

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

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

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

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

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

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.

SIGNATURE:

Linda Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

415-863-8350
Daytime Phone # 6419