


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P19670</b> 1. Entity Name <b>WHITE ROCK DISTILLERIES, INC.</b>	
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Principal Place of Business <b>21 SARATOGA STREET P. O. BOX 1829 LEWISTON, ME 04240 US</b>	Mailing Address <b>P.O. BOX 1829 P. O. BOX 1829 LEWISTON, ME 04241-1829 US</b>
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02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0231409</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**COULOMBE, PAUL G  
3441 MONTARA DR  
BONITA SPRINGS, FL 33923**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000064534  
02/24/04-80016-008 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULOMBE, CECILE J. 50 CHARLES STREET LEWISTON, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COULOMBE, DENNIS N. 35 WOODLANDS DR FALMOUTH, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BISHOP, JANET M. 27 CANDLEBERRY DR. AUBURN, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COULOMBE, ROLAND 24 MAPLEWOOD RD. LEWISTON, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COULOMBE, PAUL G. 51 REEF RD. CAPE ELIZABETH, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, EUGENE 21 BUTTERCUP CIR AUBURN, ME

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IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/04 207-783-1433  
Date Daytime Phone #