

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-29-2008 90009 003 ***158.75

DOCUMENT # P19670

1. Entity Name
WHITE ROCK DISTILLERIES, INC.



Principal Place of Business

21 SARATOGA STREET
P. O. BOX 1829
LEWISTON, ME 04240 US

Mailing Address

P.O. BOX 1829
P. O. BOX 1829
LEWISTON, ME 04241-1829 US

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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

01232008

Chg-P

CR2E034 (12/06)

4. FEI Number

01-0231409

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COULOMBE, PAUL G
26340 SIENA DRIVE
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name **Paul G. Coulombe**

Street Address (P.O. Box Number is Not Acceptable)

26135 Fawnwood Court

City **Bonita Springs**

FL

Zip Code **34134**

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

TITLE **D** ☐ Delete
NAME **DABELT, WILLIAM N**
STREET ADDRESS **3416 WATERSILK COURT**
CITY-ST-ZIP **COLUMBUS, OH 43221**

TITLE **DC** ☐ Delete
NAME **COULOMBE, PAUL G**
STREET ADDRESS **26340 SIENA DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **D** ☐ Delete
NAME **MASCETTA, LUCINDA M**
STREET ADDRESS **115 PULSIFER ROAD**
CITY-ST-ZIP **POLAND, ME 04274**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Executive VP of Sales** ☒ Change ☐ Addition
NAME **Dabbelt, William N.**
STREET ADDRESS **26650 Rookery Lake Drive**
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **CEO** ☒ Change ☐ Addition
NAME **Coulombe, Paul G.**
STREET ADDRESS **26135 Fawnwood Court**
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **COO / CFO** ☐ Change ☒ Addition
NAME **Suczynski, John M.**
STREET ADDRESS **2 Fowler Farm Road**
CITY-ST-ZIP **Scarborough, ME 04074**

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 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: *Lucinda Mascetta* Corporate Secretary

1/23/08

207-783-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #