

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90390 043 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                    |                                                                                                                                                                                                                             |                                                                                                 |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P93000008277</b><br>1. Entity Name<br><b>AMERICAN BARTENDERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                    |                                                                                                                                                                                                                             |                                                                                                 |                                                                              |
| Principal Place of Business<br><b>205 E. TERRACE DR<br/>         PLANT CITY, FL 33565</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                    | Mailing Address<br><b>P. O. BOX D<br/>         PLANT CITY, FL 33564 US</b>                                                                                                                                                  |                                                                                                 |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | 3. Mailing Address<br><b>100 E GRAND AVE</b>                                                       |                                                                                                                                                                                                                             |                                                                                                 |                                                                              |
| City & State<br><b>BELOIT, WI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | 4. FEI Number<br><b>59-3178352</b>                                                                 |                                                                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                          |                                                                              |
| Zip<br><b>53511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | Country<br><b>U.S.A.</b>                                                                           |                                                                                                                                                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>CLOSSHEY, CHARLES P<br/>         211 GOLFVIEW DRIVE<br/>         PLANT CITY, FL 33566</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                    | 7. Name and Address of New Registered Agent<br>Name <b>CORPORATION SERVICE COMPANY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1201 HAYS STREET</b><br>City <b>TALLAHASSEE</b> FL Zip Code <b>32301</b> |                                                                                                 |                                                                              |
| B. 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<br><small>Signature of board or principal named registered agent and fee if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | <b>Kim Leonard</b><br><small>(NOTE: Registered Agent Signature Required when reappointing)</small> |                                                                                                                                                                                                                             | <b>4/14/04</b><br><small>DATE</small>                                                           |                                                                              |
| <b>FILE NOW!! FEE IS \$150.00<br/>         After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                      |                                                                                                 |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                |                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CLOSSHEY, JENNIFER<br>2111 GOLFVIEW DR<br>PLANT CITY, FL 33566   | <input checked="" type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | PD<br>LANE, KEVIN<br>6133 N RIVER RD STE 670<br>ROSEMONT, IL 60018                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CLOSSHEY, CHARLES P.<br>2111 GOLFVIEW DR<br>PLANT CITY, FL 33566 | <input checked="" type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | VD<br>EARLEY, MARK<br>100 E GRAND AVE<br>BELOIT, WI 53511                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | VCFO<br>ONEILL, MICHAEL<br>6133 N RIVER RD STE 670<br>ROSEMONT, IL 60018                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | VS<br>COOLE, WILLIAM<br>100 E GRAND AVE<br>BELOIT, WI 53511                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              |                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                    | <b>MARK EARLEY</b>                                                                                                                                                                                                          |                                                                                                 |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                    | <small>Date</small> <b>4/26/04</b> <small>Daytime Phone</small> <b>608.361.7053</b>                                                                                                                                         |                                                                                                 |                                                                              |

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04142004 Chg-P CR2E034 (10/03)