2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000008277

Title:

Name:

Address:

City-St-Zip:

Entity Name: AMERICAN BARTENDERS ASSOCIATION, INC.

FILED May 03, 2005 Secretary of State

analy Name: Mileria Marking Ma							
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
205 E. TER PLANT CIT	RRACE DR Y, FL 33565						
Current Mailing Address:			New Maili	New Mailing Address:			
100 EAST GRAND AVE. BRANDON, FL 33511 US				ONE MILLINGTON ROAD BELOIT, WI 53511 US			
FEI Number:	59-3178352	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Statu	s Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1201 HAYS	TION SERVICI STREET SEE, FL 3230						
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered of	ffice or registered	agent, or both,	
SIGNATUR	RE:						
	Electroni	Signature of Registered Ager	t	Date			
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () I LANE, KEVIN 6133 N. RIVER F ROSE MONT, IL	•	Title: Name: Address: City-St-Zip:	PD (X) LANE, KEVIN 3406 CITY PLAC EDGEWATER, N			
Title: Name: Address: City-St-Zip:	VD (X) MARK, EARLEY 100 EAST GRAN BELOIT, WI 535		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VCFO () I O'NEIL, MICHAE 6133 N. RIVER F ROSE MONT, IL	RD., STE 670	Title: Name: Address: City-St-Zip:	VCFO (X) O'NEILL, MICHA 3309 CITY PLAC EDGEWATER, N	CE		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

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COOLE, WILLIAM R

BELOIT, WI 53511

ONE MILLINGTON ROAD

(X) Change () Addition

SIGNATURE: GERARD A. BEHAN VCFO 05/03/2005

() Delete

COOLE, WILLIAM

BELOIT, WI 53511

100 EAST GRAND AVE.