

FILED
May 04, 2006 8:00 am
Secretary of State

04-12-2006 90086 038 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000088302			
1. Entity Name BREWMASTERS OF ST. PETERSBURG BEACH, INC.			
Principal Place of Business 401 SECOND STREET EAST INDIAN ROCKS BEACH, FL 33785 US		Mailing Address 14680 118TH AVENUE NORTH LARGO, FL 33774 US	
2. Principal Place of Business 401 Second St. East		3. Mailing Address 401 Second St. East	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Indian Rocks Beach, FL		City & State Indian Rocks Beach, FL	
Zip 33785		Country US	
Zip 33785		Country US	
4. FEI Number 59-3354449		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BASKIN, HAMDEN H III, ESQ 13577 FEATHER SOUND DRIVE SUITE 550 CLEARWATER, FL 33762		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	D BELLEW, DELANO E 2430 ESTANCIA BLVD.; #104 CLEARWATER, FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HOWARD, G. DAVID 401 SECOND ST. EAST INDIAN ROCKS BEACH, FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition Suite A
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST HOWARD, DANA D 401 SECOND ST EAST INDIAN ROCKS BEACH, FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition Suite A
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: <i>G. David Howard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/28/06</i> Daytime Phone: <i>727-595-2900</i>	