


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000088302</b>	
1. Entity Name <b>BREWMASTERS OF ST. PETERSBURG BEACH, INC.</b>	

Principal Place of Business <b>401 SECOND STREET EAST SUITE A INDIAN ROCKS BEACH, FL 33785 US</b>	Mailing Address <b>401 SECOND STREET EAST SUITE A INDIAN ROCKS BEACH, FL 33785 US</b>
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3354449</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BASKIN, HAMDEN H III, ESQ  
13577 FEATHER SOUND DRIVE  
SUITE 550  
CLEARWATER, FL 33762**

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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLEW, DELANO E 2430 ESTANCIA BLVD., #104 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, G. DAVID 401 2ND ST EAST SUITE A INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWARD, DANA D 401 2ND ST EAST SUITE A INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** *G. David Howard* **G. DAVID HOWARD, Pres. 4-23-08** **727-515-8059**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #