


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000095890**  
 1. Entity Name  
**TITANIC BREWING COMPANY, INC.**



Principal Place of Business Mailing Address  
**5813 PONCE DE LEON BLVD 5813 PONCE DE LEON BLVD**  
**CORAL GABLES FL 33146 CORAL GABLES FL 33146**  
**US US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



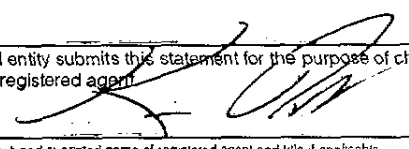
1st MOORE CR2E034 (10/04)

4. FEI Number **65-0645958** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RUSK, KEVIN D**  
**2431 TRAPP AVE**  
**MIAMI FL 33133**

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  DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUSK, KEVIN D	
STREET ADDRESS	5813 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSK, MICHAEL	
STREET ADDRESS	5813 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> Delete
NAME	SULLIVAN, DR. STEPHEN	
STREET ADDRESS	27350 RIDGE LAKE CT	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	
TITLE	CT	<input type="checkbox"/> Delete
NAME	JERMAN, GARY	
STREET ADDRESS	13948 FLETCHER MILL DR	
CITY - ST - ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	UN0000284381	
CITY - ST - ZIP	04/02/05-80002-023 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**  **3/30/5 305-668-1742**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #