

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000045161



1. Entity Name
HOMEBREW EMPORIUM, INC.

Principal Place of Business
661 BEVILLE ROAD
SUITE 117
SOUTH DAYTONA FL 32119
US

Mailing Address
4510 NETTLE CREEK COURT
PORT ORANGE FL 32127



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3448223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUFFNER, ROBERT J
4510 NETTLE CREEK COURT
PORT ORANGE FL 32127

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, to the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bernard G. Faulhaber **BERNARD G. FAULHABER**
VICE PRESIDENT

N/A

2/27/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME RUFFNER, ROBERT J
STREET ADDRESS 4510 NETTLE CREEK COURT
CITY- ST- ZIP PORT ORANGE FL 32127

TITLE D ☐ Delete
NAME RUFFNER, LINDA T
STREET ADDRESS 4510 NETTLE CREEK COURT
CITY- ST- ZIP PORT ORANGE FL 32127

TITLE VSD ☐ Delete
NAME FAULHABER, BERNARD G
STREET ADDRESS 361 SAGEWOOD DRIVE
CITY- ST- ZIP PORT ORANGE FL 32127

TITLE D ☐ Delete
NAME FAULHABER, JUDY D
STREET ADDRESS 361 SAGEWOOD DRIVE
CITY- ST- ZIP PORT ORANGE FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000653034
03/13/07-80004-023 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bernard G. Faulhaber **BERNARD G. FAULHABER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/07 386-767-8333