2007 FOR PROFIT CORPORATION

6. Name and Address of Current Registered Agent

SIGNATURE: _

FILED Jan 10, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Applied For Not Applicable

\$8.75 Additional Fee Required

772-589-1889

	ANNU	AL KEPUK I			0.00	
	DOCUMENT # P970000 1. Entity Name CHESSER'S GAP SPIRITS, INC.					
ľ	Principal Place of Business	Mailing Address				
	726 S. FLEMING ST Sebastian, Fl. 32958	726 S. FLEMING ST Sebastian, FL 32958				
_						
	DO NOT WRITE IN THIS SPACE				No Chg-P	
DO NOT WRITE IN THIS SPACE			4. FEI Number 59-3469			

DO	NOT	WRITE
INI "	TLIC	SDVCE

5. Certificate of Status Desired

FISCHER, CARL 10725 US HWY 1 SEBASTIAN, FL 32958				DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the pulions of registered agent.	urpose of changing its registered of	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and title if	upplicable. (NOTE: Registered Ag	Agent agriculte required when reinstating) DATE LIGHT CONTROLLED			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	U00000580624 01/10/07-80054-021 150.00	
10.	OFFICERS AND DIRECT	TORS			<u> </u>	
NAME STREET ADDRESS CTIV-ST-ZIP	D FISCHER, CARL 10725 US HWY 1 SEBASTIAN, FL 32958					
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE MANUE STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE HAME STREET ADORESS CITY-ST-ZIP			IN THIS SPACE		THIS SPACE	
RILE HAME STREET ADDRESS CITY-SI-ZIP						
THTLE Name Street address City-St-Zip						
of the con	pertify that the information supplied with this filing on this report or supplemental report is true an poration or the receiver or trustee empowered or on an attachment with an address, with all of	to execute this report as required	tions cor shall hav by Chap	ntained in Chapter 119 ve the same legal effector 607, Florida Statute	Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if	

SIGNATURE AND TYPED OR PROTTED HAME OF BIGNING OFFICER OR DIRECTOR