## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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## **DOCUMENT # P99000068248**

1. Entity Name

MYRTLE BEACH ALE HOUSE AND RAW, INC.



FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

612 N ORANGE AVE STE C-6 JUPITER, FL 33458 Mailing Address

612 N ORANGE AVE STE C-6 JUPITER, FL 33458



03292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0935112

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JACK W 612 N ORANGE AVE STE C-6 JUPITER, FL 33458

JUPITER, FL 33458

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	named entity submits this statement for the parties of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature typed or printed name of registered agent and title	if applicable (NOTE Registers	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10. OFFICERS AND DIRECTORS			1		<u> </u>
NAME STREET ADDRESS	D MILLER, JACK W 612 N ORANGE AVE STE C-6				04/23/04-80003-018 150.00

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IN THIS SPACE

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:

CITY - ST - ZIP

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

rdrett

301-745-339°