

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007908

FILED
Jan 13, 2004
Secretary of State

Entity Name: BETTENCOURT MANUFACTURING, INC.

Current Principal Place of Business:

269 S.W.STARFLOWER AVE
PORT ST LUCIE, FL 34984

New Principal Place of Business:

500 FARMERS MARKET RD
10
PORT ST LUCIE, FL 34982

Current Mailing Address:

269 S.W.STARFLOWER AVE
PORT ST LUCIE, FL 34984

New Mailing Address:

FEI Number: 65-0932084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETTENCOURT, EON M CEO
269 S.W.STARFLOWER AVE
PORT ST LUCIE, FL 34984

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: BETTENCOURT, EON M
Address: 269 S.W.STARFLOWER AVE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: CEO () Delete
Name: BETTENCOURT, AMANDA
Address: 269 S.W.STARFLOWER AVE
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EON BETTENCOURT

MD

01/13/2004

Electronic Signature of Signing Officer or Director

Date