

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 026 ***150.00

DOCUMENT # P05000005877

1. Entity Name
BETH'S BOOKKEEPING SERVICES, INC.



Principal Place of Business
1830 NORTH MAIN ST
2ND FLOOR
JACKSONVILLE, FL 32206

Mailing Address
P.O. BOX 37520
JACKSONVILLE, FL 32236

60001901



2. Principal Place of Business - No P.O. Box #
7530 103rd St. 3
Suite, Apt. #, etc.
8

3. Mailing Address
Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State
Jacksonville, Florida
Zip
32210

City & State
Zip
Country

4. FEI Number
86-1131385
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YATES, ELIZABETH A
1830 NORTH MAIN STREET
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7530 103rd Street #8
City Jacksonville FL Zip Code 32210

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 Elizabeth Yates

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

1-11-07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME YATES, ELIZABETH A ☐ Delete
STREET ADDRESS P.O. BOX 37520
CITY-ST-ZIP JACKSONVILLE, FL 32236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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 Chapter 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: Elizabeth Yates Elizabeth Yates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

904-777-0963

Daytime Phone #