


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 182459</b> 1. Entity Name BETTY-DREW APARTMENTS INC	
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Principal Place of Business BETTY-DREW APTS, INC. 200 N BETTY LANE CLEARWATER, FL 33755	Mailing Address C/O MICHAEL DAILY, CPA 2240 BELLAIR RD STE 140 CLEARWATER, FL 33764
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01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0758969	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  DAILY, CPA, J. MICHAEL 2240 BELLEAIR RD SUITE 140 CLEARWATER, FL 33764
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

000000778824  
01/11/08-80013-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACON, JERRY 200 N BETTY LN 6D CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUFF, CHARLES 200 N. BETTY LN. 2A CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVELL, SHIRLEY 200 N. BETTY LN., 2B CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRATSOS, LINDA 200 N. BETTY LN. 6F CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: J. Michael Daily 1/10/08 (727) 507-9111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #