2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 11, 2005 08:00 AM **DOCUMENT # 476646** Secretary of State 1. Entity Name RICHARD BEITER, INC. Mailing Address Princigal Place of Business 747 BARNETT DRIVE LÄKE WORTH FL 33461 747 BARNETT DRIVE LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1593778 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEITER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 747 BARNETT DR. LAKE WORTH FL 33461 Zip Code City 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, typad or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition PTD ппт TITLE Delete BEITER, JEFFREY NAME U00000259698 03/11/05-80035-005 150.00 NAME 747 BARNETT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP LAKE WORTH FL ☐ Change Addition VSD Delete TITLE HITLE NAME BEITER, VICKI L. NAME STREET ADDRESS GUREET ADDRESS 747 BARNETT DR. CHIY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE ☐ Change Addition | Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ппе ☐ Change Addition Delete TULLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME MARKE STREET ADDRÉSS STREET ADDRESS UTY-ST-ZIP CITY-ST-ZIP met ☐ Addifion Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CUY-SI-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FICER OR DIRECTOR

SIGNATURE: _

FILED

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