

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F12496 1. Entity Name B.E.T.- ER MIX, INC.		
Principal Place of Business 9301 DENTON AVENUE P.O. BOX 5577 HUDSON, FL 34674-2577	Mailing Address 9301 DENTON AVENUE P.O. BOX 5577 HUDSON, FL 34674-2577	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITE, PRISCILLA K 9301 DENTON AVE HUDSON, FL 34667		
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: <u>Priscilla K White</u> <u>Priscilla K White</u> <u>03/16/05</u> 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PDST	
NAME	WHITE, PRISCILLA K	
STREET ADDRESS	9301 DENTON AVE	
CITY - ST - ZIP	HUDSON, FL 34613	
TITLE	D	
NAME	WHITE, JOHN T.	
STREET ADDRESS	9301 DENTON AVE.	
CITY - ST - ZIP	HUDSON, FL 34667	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <u>Priscilla K White</u> <u>Priscilla K White</u> <u>03/16/05</u> <u>727/862-2239</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2108919	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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03/21/05-80006-003 150.00

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