


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # F52825 1. Entity Name ROTCHFORD & BETANCOURT, P.A.	
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Principal Place of Business % GEORGE D. ROTCHFORD 221 E. CHURCH STREET JACKSONVILLE, FL 32202	Mailing Address % GEORGE D. ROTCHFORD 221 E. CHURCH STREET JACKSONVILLE, FL 32202
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2161595	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROTCHFORD, GEORGE D. 221 E. CHURCH STREET JACKSONVILLE, FL 32202
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000082153
03/09/04-80018-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ROTCHFORD, GEORGE D. 2746 HOLLY POINT RD. W. ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETANCOURT, NEAL L. 5253 MAGNOLIA OAKS LANE JACKSONVILLE, FL
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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 **904-354-3444**
Date Daytime Phone #

George D. Rotchford