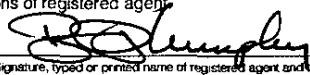


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90015 034 ***150.00

DOCUMENT # L06530 1. Entity Name BETA ETA REAL ESTATE, INC.					
Principal Place of Business 423 W COLLEGE AVE TALLAHASSEE, FL 32301 US			Mailing Address PO BOX 246 TALLAHASSEE, FL 32302		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2967984				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHALOW, JIM 212 S. MONROE ST. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Brian P. Murphy Street Address (P.O. Box Number is Not Acceptable) 9170 Old Chemonie Road City Tallahassee FL Zip Code 32309		
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  DATE 1/28/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISHER, DOUG 604 N. BRONOUGH ST. TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, BRIAN 9170 OLD CHEMONIA RD. TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Murphy, Brian 9170 Old Chemonie Rd. Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONELET, SCOTT 4017 DELVIN TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Boudet, Scott 4017 Delvin Ct. Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHALOW, JIM 212 SOUTH MONROE ST TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hogel, Tony 205 N. Rhodes St. Manticallo, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERS, GREG 1140 FL GA HWY HAVANA, FL 32333		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marks, Eli 5984 Colonel Scott Dr. Tallahassee, FL 32309	
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: 			Date 1/28/04 Daytime Phone (850) 577-4169		