2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000035207

1. Entity Name BETZ BUILDING CONTRACTORS, INC.



Principal Place of Business

8070 38TH AVE N ST PETERSBURG, FL 33710 Mailing Address

8070 38TH AVE N

ST PETERSBURG, FL 33710

FILED Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90001 041 ***150.00

54017810



DO NOT WRITE IN THIS SPACE

01282004 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2728230

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETZ, DANIEL P 8070 38TH AVE N ST PETERSBURG, FL 33710

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			Agent signature	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS		特殊 5. 10 10 10 10 10 10 10 10 10 10 10 10 10	.2. 1945 4542 644	42317534756E	Page to Successive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, DANIEL P 8070 38TH AVE N ST PETERSBURG, FL 33710						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, DO	NOT W	are:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not quality 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 accurage 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 sustee empowered to execute this tepon as fequined by Chapter 507. 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DESCRIPTION

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Paytime Phone #