
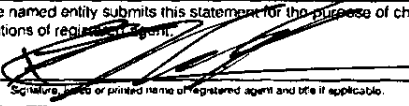



FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90065 002 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0000062116			
1. Entity Name LIZBETH, INC.			
Principal Place of Business 1925 6TH ST N.W. WINTER HAVEN, FL 33881		Mailing Address P.O. BOX 961539 RIVERDALE, GA 30296	
2. Principal Place of Business 1925 6th St NW Suite, Apt. #, etc.		3. Mailing Address P.O. Box 961539 Suite, Apt. #, etc.	
City & State Winter Haven FL		City & State Riverdale GA	
Zip 33881		Zip 30296	
Country Poik		Country Clayton	
4. FEI Number 59-3658791		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTES, MARTIN 1925 6TH ST N.W. WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name: Elizabeth Montes Street Address (P.O. Box Number is Not Acceptable) 350 24th Street NW H103 2402 Ave C NW City: Winter Haven FL Zip Code: 33881	
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 3/31/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT NAME MONTES, MARTIN STREET ADDRESS 350 24TH STREET NW H103 CITY-ST-ZIP WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE PT NAME MONTES, ELIZABETH STREET ADDRESS 350 24TH STREET NW H103 CITY-ST-ZIP WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 persons empowered.			
SIGNATURE: 		DATE 3/14/04 863 6516547	