

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000042044

1. Entity Name
BETA-1 MANAGEMENT, INC.



FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90014 031 ***150.00

Principal Place of Business
**1896 SOUTH 14TH STREET
SUITE 6
FERNANDINA BEACH, FL 32034 US**

Mailing Address
**1896 SOUTH 14TH STREET
SUITE 6
FERNANDINA BEACH, FL 32034 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 16480
Suite, Apt. #, etc.

City & State
Amelia Island, FL

Zip
32035 Country
Nassau



02022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3695499

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAUNCEY, RAYMOND M
9517 SPRING BLOSSOM COURT
FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing,
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPT
CHAUNCEY, RAYMOND M
9517 SPRING BLOSSOM CT.
AMELIA ISLAND, FL 32034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
BENNETT, RODNEY E
RT 2 BOX 3536
FOLKSTON, GA 31357** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DYCK, PETER V
2907 EASTWIND DR
FERNANDINA BEACH, FL 32034** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4/13/04 904-261 4334