

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000042044

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** BETA-1 MANAGEMENT, INC.

**Current Principal Place of Business:**

9517 SPRING BLOSSOM CT  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16480  
AMELIA ISLAND, FL 32035 US

**New Mailing Address:**

**FEI Number:** 59-3695499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: CHAUNCEY, RAYMOND M  
Address: 9517 SPRING BLOSSOM CT.  
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND CHAUNCEY

D

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date