



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90013 033 ***150.00

DOCUMENT # P02000071009					
1. Entity Name BETSY'S BODYWORK INC					
Principal Place of Business 51 ISLAND WAY #1103 CLEARWATER BEACH, FL 33767			Mailing Address 51 ISLAND WAY #1103 CLEARWATER BEACH, FL 33767		
2. Principal Place of Business 2275 Edythe Dr.		3. Mailing Address 2275 Edythe Dr.			
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:		07142004 Chg-P CR2ED034 (10/03)	
City & State: Dunedin, FL		City & State: Dunedin, FL		4. FEI Number 03-0460523	
Zip: 34698 Country: USA		Zip: 34698 Country: USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KESLER, BETSY 51 ISLAND WAY #1103 CLEARWATER BEACH, FL 33767			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 2275 Edythe Dr. City: Dunedin FL Zip Code: 34698		
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: <u>Betsy G. Kesler Betsy Kesler</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7-14-04</u>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KESLER, BETSY 51 ISLAND WAY #1103 CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Betsy Kesler 2275 Edythe Dr. Dunedin, FL 34698
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Betsy Kesler Betsy Kesler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>7-14-04</u> Daytime Phone: <u>727-738-1082</u>	