2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000116057

1. Entity Name

BETTY C. CARTER, PA



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90346 050 ***150.00

Applied Place of Business SIG CORAL WAY JACKSONVILLE BEACH FL 32250 2. Principal Place of Business Suite Apt #, etc. Suite Apt #, etc. Suite Apt #, etc. Suite Apt #, etc. City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi						A WE						
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S. Name and Address of Current Registered Agent CARTER, BETTY C 310 CORAL WAY JACKSONVILLE BEACH FL 32250 City FL Zip Code City City FL Zip Code City	City & State			City & State			4. F	O2-0652600				
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CARTER, BETTY C 310 CORAL WAY JACKSONVILLE BEACH FL 32250 City C	6. Name and Address of Current Registered Agent						7. N	lame and Address of New Reg	istered Agen	it		
310 CORAL WAY JACKSONVILLE BEACH FL 32250 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 can familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Af												
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Proride. I can tabilitar with, and screen the obligations of registered agent. SIGNATURE STEEL NOW!!! FEE. IS \$150.00 After May 1: 2004 Fee will be \$550.00 Alter May 2: 2004 Fee will be \$5	310 CORAL WAY					Street Address (P.O. Box Number is Not Acceptable)						
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 FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	JACKSONVILLE BEACH FL 32250							***************************************	,,,,			
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inclicated 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 904

Daytime Phone #