

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 015 ***150.00

DOCUMENT # P03000036314

1. Entity Name
MY BETTER HALF INC



Principal Place of Business
**321 RAILROAD AVE
BOYNTON BEACH, FL 33435 US**

Mailing Address
**321 N. RAILROAD AVE
BOYNTON BEACH, FL 33435 US**

40019478



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
01-0774840

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHN PORTER ACCOUNTING INC
1403 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33426~~

Name
John Porter Accounting
Street Address (P.O. Box Number is Not Acceptable)
400 S. Federal Hwy. Suite 404
City
Boynton Beach, FL 33435
Zip Code
FL

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: *John Porter*

(NOTE: Registered Agent signature required when reinstating)

DATE

01/28/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCHWEITZER, KEN**
STREET ADDRESS **4378 JUNIPER TERRACE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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

TITLE **VP** ☐ Delete
NAME **SCHWEITZER, JAMES**
STREET ADDRESS **321 N. RAILROAD AVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33435**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Kenneth Schweitzer

Date

Daytime Phone #

1/28/05 561-7049223