


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90020 040 ***150.00


DOCUMENT # P03000072082	
1. Entity Name W. BETZ ENTERPRISES, INC.	

Principal Place of Business 3557 E. COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459	Mailing Address 3557 E. COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business 21807 PALM AVE.	3. Mailing Address P.O. Box 9283
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PANAMA CITY BEACH, FL	City & State PANAMA CITY BCH, FL
Zip 32413	Zip 32417
Country USA	Country USA

	
01052005	Chg-P
CR2E034 (10/03)	
4. FEI Number 58-2674784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BETZ, WILLIAM L SR. 3557 E. COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459	
7. Name and Address of New Registered Agent Name BETZ, WILLIAM L. SR. Street Address (P.O. Box Number is Not Acceptable) 21807 PALM AVE. City PANAMA CITY BEACH FL Zip Code 32413	

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 William L. Betz Sr. <small>Signature, typed or printed name of registered agent and title if applicable.</small>	WILLIAM L. BETZ, SR. 5 JAN, 2005 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, WILLIAM L SR. 3557 E. COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, WILLIAM L SR. 21807 PALM AVE. PANAMA CITY BEACH, FL 32413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: William L. Betz Sr. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	WILLIAM L. BETZ, SR 1-05-'05 (850) 230-9098 <small>Date Daytime Phone #</small>