## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # P05000035059  1. Entity Name JACK M BETZ, PA					01-20-2006 90024 008 ***150.00				
Principal Place of Business Mailing Address					1			-	
2126 SW 49TH STREET		2126 SW 49TH STREET							
CAPE CORAL, FL 33914 US		CAPE CORAL, FL 33914 US							
					I IEEMERI III	SCISI Cimi Solii Com Com		E1188 & E88	
Principal Place of Business     3. Mailing Address									
2. I morpair lace of Business		3. Maining Address			<b> </b>	84148 IIIAI OMA 88141 AMA II			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006	Chg-P	CR2E034 (11/05)			
				01132000	Cilg-r	CRZE034 (11703)			
City & Stat	e	City & State			4. FEI Numbe	_	<del></del>	polied For	
Zip	Country	Zip	Country		16-0	183 898		ot Applicable	
	335,	1	Codring		5. Certificate	of Status Desired	\$8.75 Ad		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New Re	gistered Agent		
DETT 14	214.44		Name	•					
BETZ, JACK M   2126 SW 49TH STREET			Street	Street Address (P.O. Box Number is Not Acceptable)					
CAPE CORAL, FL 33914							British and a second		
			City	***			FL Zip Coo	le	
8 The above	named entity submits this statement f	or the aurence of changing its	ragintered office			n in the Ctate of Elec	1		
the obligat	tions of registered agent.	or the purpose of changing its	registered onice	or register	red agent, or bot	i, in the State of Flor	ioa. Tam tamiliar with	and accept	
8184147118									
SIGNATURE.	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE	: Registered Agent sig	nature required	d when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campai Trust Fund Contr			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
TITLE	PST	☐ Delete TiTul			,		☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	s					
TITLE	CAPE CORAE, PE 33914	☐ Delete		-		<del></del>			
NAME		LJ Delete	TITLE NAME				☐ Change	Addition Addition	
STREET ADDRESS			STREET ADORES	s					
CITY-ST-ZiP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME	1					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	s					
			CITY-ST-ZIP	<del>- </del>					
TITLE NAME			title Name				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	s					
CITY-ST-ZIP			CITY-ST-ZIP	Ĭ					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME				Name		
STREET ADDRESS			STREET ADDRESS	s					
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP		. ,,,				
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS	s					
CITY-ST-ZIP			CITY-ST-ZIP						
40 1	certify that the information supplied will	h this filing does not qualify for	r the exemptions	contained	d in Chapter 119	Florida Statutes, I fi	urther certify that the i	nformation	

12. Inereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under orath; 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 the properties of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE: 5

SIGNATURE AND FYRE COR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Deytime Phone #