

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000029328

1. Entity Name
TERRI BECKER, INC.



Principal Place of Business
651 OKEECHOBEE BLVD.
SUITE 901
WEST PALM BEACH, FL 33401

Mailing Address
651 OKEECHOBEE BLVD.
SUITE 901
WEST PALM BEACH, FL 33401

FILED
Mar 29, 2004 08:00 AM
Secretary of State



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0489432

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORWITZ, WAYNE CPA
3511 W. COMMERCIAL BLVD
SUITE 402
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000097722
03/29/04-80011-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSDT
BECKER, TERRI
651 OKEECHOBEE BLVD., #901
WEST PALM BEACH, FL 33401

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

TERRI BECKER ✓ 3/26/04 ✓ 833-9747