2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMEN   # P9400084068  1. Entity Name  BETSY HILLS REAL ESTATE, P.A.							Mar 01, 2004 08:00 AM Secretary of State				
Principal Place of Business 419 PINE AVE ANNA MARIA FL 34216			Mailing Address P.O. BOX 2150 ANNA MARIA FL 34216				· (建氯((建氯) ) (图 (图(() 数(图() 数(图() 数(图() )		وا اواله والع (:	llaar it taa:	
2. Principal P	lace of Business	3. Mai	3. Mailing Address								
Suite, Apt	#, etc	Suite	Suite, Apt #, etc.				MOORE	CR2E034 (	11/03)		
City & Stat	e	Спу	City & State			4.	FEI Number 65-0534162		}	plied For Applicable	
Zip Country		Zip	Zip Coun		itry	5. '	Certificate of Status Desired		8.75 Add e Required		
	6. Name and Address of Cur	rent Registere	ed Agent		Name	7. 1	Name and Address of New R	egistered Ag	ent		
HILLS, BETSY 419 PINE AVE. ANNA MARIA FL 34216					Street Address (P.O. Box Number is Not Acceptable)						
					City	, , , , , , , , , , , , , , , , , , , ,		FL	Zip Code	3	
	named entity submits this statement ons of registered agent.	ent for the purp	ose of changing its	register	ed office ar registe	ered ag	rent, or both, in the State of Flo	rida. I am far	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered	agont and (itle if app	vicable (NOT	E. Royistere	id Agent signature requin	ed when n	cinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Fin Trust Fund Contribution	~ —		O May Be to Fees	
10.	<del>,</del>	AND DIRECTO		11.	······································	ΑĽ	DITIONS/CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILLS, BETSY 419 PINE AVE ANNA MARIA FL 34216		☐ Delate					Į.	_] Change	☐ Addition	
THEE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete		ž.		U000000 03/01/04-8	(1861	∃ Change 3 150.	☐ Addition	
TIPLE NAME STRECT ADDRESS CITY-ST-ZIP			☐ Delete	•				(	] Change	Addition	
Title Name Street address City-St-Zip			☐ Defete		ŧ			[	_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate	3	3				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS OITY-ST-ZIF			☐ Delate		<b>{</b>			[	☐ Change	☐ Addition	
12. Therehy	certify that the information supplier	noted and other t	does not coalify for	or the eve	motion stated in 5	ection	119 07(3\fi) Florida Statutes I	further certify	that the ir	oformation .	

**FILED** 

12. I hereby certify that the information supplied with this filing does not goality 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

BETSY HILLS

330/04/94/-718-329/