2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2005 08:00 AM DOCUMENT # P95000037716 1. Entity Name **Secretary of State** BETH & COMPANY, INC. Principal Place of Business Mailing Address 7212 25TH DRIVE WEST BRADENTON FL 34209 7212 25TH DRIVE WEST BRADENTON FL 34209 2. Principal Place of Business _ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0585621 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOUDERS, BETH ANN Street Address (P.O. Box Number is Not Acceptable) 7212 25TH DRIVE WEST **BRADENTON FL 34209** City Zip Code FI 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] FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 1171.6 ☐ Delete THE Change Addition SOUDERS, BETH ANN NAME MAME CIRCLI ADDRESS 7212 25TH DRIVE WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-7IP TITLE Delete LeTa F ☐ Change ☐ Addition U00000261608 STREET ADDRESS STREET ADORESS 03/14/05-80017-018 150.00 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7P CHY-ST-ZIP TITLE Delete DOG Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 DIRECT

3/10/05 941745-258

FILED