

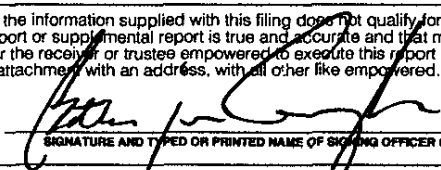


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90007 001 ***150.00

DOCUMENT # P97000012946 1. Entity Name BETTY JEAN CAVANAGH, INC.					
Principal Place of Business 11017 NW 28 ST CORAL SPRINGS, FL 33065			Mailing Address 11017 NW 28 ST CORAL SPRINGS, FL 33065		
2. Principal Place of Business 7824 N.W. 123rd Avenue Parkland, FL 33076		3. Mailing Address 7824 N.W. 123rd Avenue Parkland, FL 33076			
City & State Parkland, FL 33076		City & State Parkland, FL 33076		02232004 Chg-P CR2E034 (10/03)	
Zip USA		Zip USA		4. FEI Number 65-0738094	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAVANAGH, BETTY JEAN 11017 NW 28 ST CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent 7824 N.W. 123rd Avenue Parkland, FL 33076		
Name CAVANAGH, BETTY JEAN			Name 7824 N.W. 123rd Avenue		
Street Address (P.O. Box Number is Not Acceptable) 11017 NW 28 ST			Street Address (P.O. Box Number is Not Acceptable) 7824 N.W. 123rd Avenue		
City CORAL SPRINGS, FL			City Parkland, FL		
Zip Code 33065			Zip Code 33076		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CAVANAGH, BETTY J STREET ADDRESS 11017 NW 28 ST CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete 7824 N.W. 123rd Avenue Parkland, FL 33076		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	
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	
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	
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: 			Date: 4/6/03 Daytime Phone #: 954.192.2253		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					