

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000043670

1. Entity Name  
BETH PREDDY PUBLIC RELATIONS, INC.



Principal Place of Business  
3587 SANTIAGO WAY  
NAPLES, FL 34105 US

Mailing Address  
3587 SANTIAGO WAY  
NAPLES, FL 34105 US



05062005 No Chg-P CR2E034 (1Q/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3446675

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BAVIELLO, MICHAEL A ESQ.  
1025 FIFTH AVENUE, NORTH  
NAPLES, FL 34102

**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  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PREDDY, BETH  
3587 SANTIAGO WAY  
NAPLES, FL 34105

TITLE  
NAME  
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05/09/05-80021-001 150.00

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/09/05 239-435-3938  
Date Daytime Phone #