2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 8:00 am Secretary of State **DOCUMENT # P98000005966** 1. Entity Name 01-10-2005 90027 027 ***158.75 BETSY LINDSAY, INC. Principal Place of Business Mailing Address 208 NN US HWY 1 208 NN US HWY 1 40000274 UNIT 8 LINIT 8 TEQUESTA FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address 7997 SW Jack James Dr 7997 SW Jack James Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Stuart, 65-0811412 Stuart, Florida Not Applicable Florida Country \$8.75 Additional 5. Certificate of Status Desired 34997 Martin 34997 6. Name and Address of Current Registered Agent Fee Required Martin 7. Name and Address of New Registered Agent Name Lindsay, Elizabeth A. LINDSAY, ELIZABETH A ddress (P.O. Box Number is Not Acceptable) 7 SW Jack James Drive 208 N US HWY ONE TEQUESTA, FL 33469 Zip Code Stuart 34997 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 fitte it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE Ociete TITLE Change President LINDSAY, ELIZABETH A NAME NAME Lindsay, Elizabeth A. STREET ADDRESS 208 N US HWY ONE #8 STREET ADDRESS 7997 SW Jack James Drive CITY-ST-ZIP TEQUESTA, FL 33469 CCTY-ST-7IP Stuart. Florida 34997 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME, STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 addition, with all other like empowered. 1/4/05 SIGNATURE: 772-286-5753

FILED