

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000006848

1. Entity Name
BETH BAWRACK ENTERPRISES, INC.



Principal Place of Business
**3341 NW 47TH TERR, SUITE 306
BLD #1
LAUDERDALE LAKES, FL 33319**

Mailing Address
**3341 NW 47TH TERR, SUITE 306
BLD #1
LAUDERDALE LAKES, FL 33319**



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0807712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRANT-PENCE, SHARON
3341 NW 47TH TERR, SUITE 306
LAUDERDALE LAKES, FL 33319**

**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 _____ (NOTE, Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
PENCE, STEVEN
3341 NW 47TH TERR, SUITE 306
LAUDERDALE LAKES, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GRANT-PENCE, SHARON
3341 NW 47TH TERR, STE 306
LAUDERDALE LAKES, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

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04/27/05-80095-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Sharon E. Grant-Pence*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2891
04/23/05 (954) 733-0847
Date Daytime Phone #