

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000107461	
1. Entity Name BETZ MANAGEMENT, INC.	

Principal Place of Business 24889 SEGOVIA CT. BONITA SPRINGS FL 33923	Mailing Address 24889 SEGOVIA CT. BONITA SPRINGS FL 33923
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent BETZ, HELMUT 24889 SEGOVIA CT. BONITA SPRINGS FL 33923	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (completion). (NOTE: Registered Agent's signature required when changing agent.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PTD ☐ Delete
NAME	BETZ, HELMUT
STREET ADDRESS	24889 SEGOVIA CT.
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	VSD ☐ Delete
NAME	BETZ, BRIGITTE
STREET ADDRESS	24889 SEGOVIA CT.
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Helmut Betz* *6. Betz* **08.04.08 239-992-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Division Form # **2451**