2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# S33326

Entity Name: MS. BETH, INC.

Current Principal Place of Business:

8086 HECK DRIVE
N FT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

9240 OLD HICKORY CIR
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0244633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN J. LANGLOIS
9240 OLD HICKORY CIR
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: GATTURNA, BETH A
Address: 1545 EDUCATION CT.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: DPT ( ) Delete
Name: LANGLOIS, NORMAN J
Address: 9240 OLD HICKORY CIR
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete
Name: LANGLOIS, MARTHA L
Address: 9240 OLD HICKORY CIR
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition
Name: GATTURNA, BETH A
Address: 12578 IVORYSTONE LOOP
City-St-Zip: FT. MYERS, FL 33913

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN J. LANGLOIS DPT 02/01/2005

Electronic Signature of Signing Officer or Director Date