## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

## **Secretary of State DOCUMENT #437052** 01-23-2006 90057 015 \*\*\*150.00 1. Entity Name BILL BENHART, INC. Principal Place of Business Mailing Address 4564 JONATHAN CREEK RD. 4564 JONATHAN CREEK RD. WAYNESVILLE, NC 28785 WAYNESVILLE, NC 28785 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Cho-P Applied For 4. FEI Number City & State City & State 59-1492346 Not Applicable Country 7ip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REVELIA, SUSAN 1440 WISCONSIN AVENUE PALM HARBOR, FL 34683 PETERSBURG 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE Change BENHART, MARVIN W NAME NAME 135 SOUTHERN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAYNESVILLE, NC CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition HILE NAME BENHART, RONALD F NAME STREET ADDRESS 149 PINCREST LANE STREET ADDRESS WAYNESVILLE, NC 28785 CITY-ST-71P CITY-ST-ZIP ☐ Delete Change ■ Addition mu TIME LANCE, SUSAN NAME NAME STREET ADDRESS 370 N. MAIN ST STREET ADDRESS CITY-ST-ZIP WAYNESVILLE, NC 28786 CITY-ST-7IP TITLE Delete MIE Change ☐ Addition BENHART, MELISSA NAME NAME STREET ADDRESS 149 PINECREST LANE STREET ADDRESS WAYNESVILLE, NC 28785 CITY-ST-ZIP CITY-ST-ZIF Change ■ Addition TITLE □ Delete TITLE REVELIA, JASON NAME NAME STREET ADDRESS 52 PASCO LOOP STREET ADDRESS CITY-SI-7P WAYNESVILLE, NC 28785 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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

Raid ROWALD F BENHURT

FILED Jan 23, 2006 8:00 am