2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #437052 01-22-2008 90051 038 ***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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1492346 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LECOMPTE, BRIDGET Street Address (P.O. Box Number is Not Acceptable) 2690 CORAL LANDINGS BLVD A411 PALM HABBOR, FL 34684 4113 ESTRELLA 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 1-11-08 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE VS ☐ Delete TITLE ☐ Change ☐ Addition BENHART, MARVIN W NAME NAME STREET ADDRESS 135 SOUTHERN WAY STREET ADDRESS City-St-ZIP WAYNESVILLE, NC 28785 CITY - ST- 7IP TITLE Delete TITLE ☐ Change ☐ Addition BENHART, RONALD F NAME NAME STREET ADDRESS 149 PINCREST LANE STREET ADDRESS CITY-ST-ZIP WAYNESVILLE, NC 28785 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition LANCE, SUSAN NAME NAME STREET ADDRESS 370 N. MAIN ST STREET ADDRESS CITY-ST-ZIP WAYNESVILLE, NC 28786 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BENHART, MELISSA NAME STREET ADDRESS 149 PINECREST LANE STREET ADDRESS CITY-ST-ZIP WAYNESVILLE, NC 28785 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME RÉVELIA, JASON NAME STREET ADDRESS 52 PASCO LOOP STREET ADDRESS CITY-ST-ZIP WAYNESVILLE, NC 28785 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an accuracy with all other like empowered.

FILED

Jan 22, 2008 8:00 am