

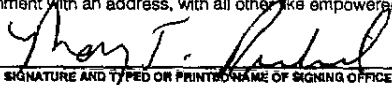


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # H20227 1. Entity Name BENNY A. RICHMOND, INC.			
Principal Place of Business 316 S.E. AVENUE H BELLE GLADE, FL 33430		Mailing Address 316 S.E. AVENUE H BELLE GLADE, FL 33430	
DO NOT WRITE IN THIS SPACE			
		04112005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2458986	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHMOND, MARY T. 316 S.E. AVENUE H BELLE GLADE, FL 33430		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	DO NOT WRITE IN THIS SPACE U00000303788 04/14/05-80015-014 150.00	
NAME	RICHMOND, BENNY A.		
STREET ADDRESS	316 S.E. AVENUE H.		
CITY-ST-ZIP	BELLE GLADE, FL		
TITLE	ST		
NAME	RICHMOND, MARY T.		
STREET ADDRESS	316 S.E. AVENUE H		
CITY-ST-ZIP	BELLE GLADE, FL		
TITLE	VP	DO NOT WRITE IN THIS SPACE	
NAME	RICHMOND, THOMAS L		
STREET ADDRESS	230 E CRESCENT DR		
CITY-ST-ZIP	CLEWISTON, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Date: 4/11/05 Daytime Phone #: 813-996-1116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			