


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000080800	
1. Entity Name BEN & SHAY'S INCORPORATED	

Principal Place of Business 7212 CORTEZ RD WEST BRADENTON, FL 34210	Mailing Address 7212 CORTEZ RD WEST BRADENTON, FL 34210
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DO NOT WRITE IN THIS SPACE



02082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1132254	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

CAPALDI, BENJAMIN J
 7212 CORTEZ RD WEST
 BRADENTON, FL 34210

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000046653
 02/12/04-80009-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CAPALDI, SHARON F 7212 CORTEZ RD WEST BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPALDI, BENJAMIN J 7212 CORTEZ RD WEST BRADENTON, FL 34210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Benjamin J. Capaldi **BENJAMIN J. CAPALDI** 2/9/04 941-795-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #