

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000095925

1. Entity Name

BEN'S WOOD WORKING INC.



**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90240 026 \*\*\*150.00

Principal Place of Business

3529 GARDENIA STREET  
SARASOTA, F; 34237

Mailing Address

3529 GARDENIA STREET  
SARASOTA, F; 34237

2. Principal Place of Business

3529 GARDENIA ST.

3. Mailing Address

3529 GARDENIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03062004

Chg-P

CR2E034 (10/03)

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

20-0192325

Applied For

Not Applicable

Zip

34237

Country

SARASOTA

Zip

34237

Country

SARASOTA

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOLL, BEN  
3529 GARDENIA STREET  
SARASOTA, FL 34237

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME STOLL, BEN  
STREET ADDRESS 3529 GARDENIA STREET  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE VD ☐ Delete  
NAME STOLL, PATRICA  
STREET ADDRESS 3529 GARDENIA STREET  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941)

955-6502