

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90048 020 ***158.75

DOCUMENT # P03000115625

1. Entity Name
GILBERT L. BEENEY, INC.



Principal Place of Business: **827 CHICAGO AVE. OCOEE FL 34761**
 Mailing Address: **827 CHICAGO AVE. OCOEE FL 34761**

50014058



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: **827 Chicago Ave**
 Suite, Apt. #, etc.

3. Mailing Address: **827 Chicago Ave.**
 Suite, Apt. #, etc.

City & State: **Ocoee FL**
 Zip: **34761** Country: **USA**

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4. FEI Number: **20-0314407**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BEENEY, GILBERT L
837 CHICAGO AVENUE
OCOEE FL 34761

7. Name and Address of New Registered Agent
 Name: **Gilbert L. Beeneey**
 Street Address (P.O. Box Number is Not Acceptable): **827 Chicago Ave**
 City: **Ocoee** FL Zip Code: **34761**

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: **Gilbert L Beeneey Pres. Gilbert L Beeneey** DATE: **2/4/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D Pres	<input type="checkbox"/> Delete
NAME	BEENEY, GILBERT L	
STREET ADDRESS	837 CHICAGO AVENUE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	Sec/Treasury	<input type="checkbox"/> Delete
NAME	SUSAN BEENEY	
STREET ADDRESS	827 CHICAGO AVE	
CITY-ST-ZIP	Ocoee FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/Treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN BEENEY	
STREET ADDRESS	827 CHICAGO AVE	
CITY-ST-ZIP	Ocoee FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Gilbert L. Beeneey Pres. Gilbert L Beeneey** DATE: **2/4/05** 407 892 4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #