

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P40501**



1. Entity Name  
WYO-BEN, INC.

Principal Place of Business  
P.O. BOX 1979  
BILLINGS, MT 59103

Mailing Address  
P.O. BOX 1979  
BILLINGS, MT 59103



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0291876	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**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BROWN, DAVID S.
STREET ADDRESS	4732 SANCTUARY TRAIL
CITY-ST-ZIP	BILLINGS, MT

TITLE	CD
NAME	BROWN, ROCKWOOD
STREET ADDRESS	3028 JOAN LANE
CITY-ST-ZIP	BILLINGS, MT

TITLE	V
NAME	BUCKINGHAM DOUGLAS A
STREET ADDRESS	531 INDIAN TRAIL
CITY-ST-ZIP	BILLINGS, MT

TITLE	SVD
NAME	BROWN, RICHARD K.
STREET ADDRESS	1011 YALE
CITY-ST-ZIP	BILLINGS, MT

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

004000337972  
04/28/05-80016-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Douglas A. Buckingham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 (406) 652-6351  
Date Daytime Phone #