


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000084005**

1. Entity Name  
**BENT CREEK PROPERTIES, INC.**



Principal Place of Business: **4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667**

Mailing Address: **4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667**

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04222004 Chg-P CR2E034 (10/03)

4. FEI Number **52-2193214**

Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**STOKES, E. CHESTER JR**  
**4315 PABLO OAKS COURT, STE 1**  
**JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	DP	<input type="checkbox"/> Delete
NAME	STOKES, CHESTER E JR	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY - ST - ZIP	JACKSONVILLE, FL 322249667	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY - ST - ZIP	JACKSONVILLE, FL 322249667	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PUTNAL, JAMES E	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY - ST - ZIP	JACKSONVILLE, FL 322249667	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BERGMANN, THOMAS C	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY - ST - ZIP	JACKSONVILLE, FL 322249667	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY - ST - ZIP	JACKSONVILLE, FL 322249667	
TITLE	S	<input type="checkbox"/> Delete
NAME	HICE, SHERRY	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	
CITY - ST - ZIP	JACKSONVILLE, FL 322249667	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000138358	
CITY - ST - ZIP	04/29/04-80077-011 150.00	
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: James Putnal Date: 4/27/04

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