

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2005 08:00 AM  
Secretary of State

DOCUMENT # 279196

1. Entity Name

BEN-O-FRED INC



Principal Place of Business

3416 SW SECOND AVENUE  
GAINESVILLE FL 32607

Mailing Address

3416 SW SECOND AVENUE  
GAINESVILLE FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1093403

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONE, THOMAS J.  
2405 NW 23RD TERRACE  
GAINESVILLE FL 32605

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CONE, FRED M. JR  
STREET ADDRESS 207 INLET DRIVE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE D ☐ Delete  
NAME FRANKLIN, BEN O  
STREET ADDRESS 6611 SW 35TH WAY  
CITY-ST-ZIP GAINESVILLE FL

TITLE P ☐ Delete  
NAME FRANKLIN, BEN O., III  
STREET ADDRESS 3010 S.W. 70TH LANE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ST ☐ Delete  
NAME CONE, THOMAS J.  
STREET ADDRESS 2405 NW 23RD TERRACE  
CITY-ST-ZIP GAINESVILLE FL

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 1100000218367  
CITY-ST-ZIP 02/08/05-80008-016 150.00

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

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

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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)(f), 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:

*BEN O. FRANKLIN, III* BEN O. FRANKLIN, III 2/3/05 352-376-5321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #