

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1093403**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**000000611185
02/02/07-80052-004 150.00**

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Thomas J. Cone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/07 352376-5321

Date Daytime Phone #