

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90079 046 ***150.00

20063704



DOCUMENT # 317698 1. Entity Name BENTO INCORPORATED					
Principal Place of Business 2066 14TH AVENUE VERO BEACH, FL 32960			Mailing Address 2066 14TH AVENUE VERO BEACH, FL 32960		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite 101</i>		Suite, Apt. #, etc. <i>Suite 101</i>			
City & State		City & State			
Zip	Country	Zip	Country	07112005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1220226				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRACKETT, ROBERT L. 2066 14TH AVENUE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Suite 101</i> 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 _____ <small>Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reelecting)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRACKETT, ROBERT L. 2066 14TH AVE. VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FESSEL, RONALD M. 485 BREEZY LANE CINCINNATI, OH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRACKETT, SANDRA D. 2066 14TH AVE. VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FESSEL, NINA 485 BREEZY LANE CINCINNATI, OH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> <i>7/11/05</i> <i>772 567-4303</i> <small>Date Daytime Phone #</small> </div>					