

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90039 049 ***150.00

DOCUMENT # 334819

1. Entity Name
BEN-TAM, INC.



Principal Place of Business C/O SCHIFINO & FLEISCHER, P.A. 201 NORTH FRANKLIN ST., STE. 2700 TAMPA, FL 33602	Mailing Address C/O SCHIFINO & FLEISCHER, P.A. 201 NORTH FRANKLIN ST., STE. 2700 TAMPA, FL 33602
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2. Principal Place of Business Williams Schifino Mangione & Suite, Apt. #, etc. Steady, P.A. One Tampa City Center, #2600 Tampa, Florida	3. Mailing Address Williams Schifino Mangione & Suite, Apt. #, etc. Steady, P.A. One Tampa City Center, #2600 Tampa, Florida
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33602	Zip 33602
Country USA	Country USA

03262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1221036	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

**SCHIFINO, WILLIAM J
201 NORTH FRANKLIN
ONE TAMPA CITY CENTER, #2700
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) One Tampa City Center, #2600
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMANO, DEBRA		NAME		
STREET ADDRESS	ONE TAMPA CITY CENTER, STE 2600		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336025816		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHIFINO, DAVID M		NAME		
STREET ADDRESS	ONE TAMPA CITY CENTER, STE 2600		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336025816		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: David Schifino **3/30/04** **(813) 221-2626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #