


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 484148**  
 1. Entity Name  
**BENDELE'S CARPET GALLERY, INC.**



Principal Place of Business      Mailing Address  
 11998 S. CLEVELAND AVENUE      11998 S. CLEVELAND AVENUE  
 FT MYERS, FL 33907                  FT MYERS, FL 33907

**DO NOT WRITE IN THIS SPACE**



02042004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1614499</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BENDELE, RICHARD L**  
**11998 SOUTH TAMiami TRAIL**  
**FT. MYERS, FL 33907**

**DO NOT WRITE IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	PT BENDELE, RICHARD L 11998 S TAMiami TR FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BENDELE, LYNDIA D 11998 S TAMiami TR FT MYERS, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/22/04-80034-010 150.00

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_      Date **3/19/04**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR