2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2004 08:00 AM Secretary of State **DOCUMENT # 522280** 1. Entity Name BENNEY & ARNOLD ENTERPRISES, INC. Principal Place of Business Mailing Address 930 S.E. 9TH AVE., #8 POMPANO BEACH FL 33060 930 S.E. 9TH AVE., #8 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1705995 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNEY, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 930 SE 9TH AVE #8 POMPANO BEACH FL 33060 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 🗆 Delete THLE ☐ Addition TITLE U00000083263 BENNEY, WILLIAM J NAME MAME 03/10/04-80032-011 150.00 STREET ADDRESS STREET ADORESS 930 SE 9TH AVE. #8 POMPANO BEACH FL 33060 CITY-51-2IP C31Y-ST-78P BIRE ☐ Deiete TITLE ☐ Change Addition ARNOLD, THERESA MAME NAME STREET ADDRESS STREET ADDRESS 4201 BOUGAINVILLA DR LAUDERDALE-BY-THE-SEA, CITY-ST-782 CATY ST-782 ☐ Delete TITLE ☐ Change Addition TITLE NAME BENNEY, ANNA HAME STREET ADDRESS STREET ADDRESS 930 S.E. 9TH AVE., #8 CITY - ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 33717 TIFLE NAME SEBBAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filting 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FIGER OR DIRECTOR

Date

Daytime Prone #