## 2005 FOR PROFIT\*CORPORATION ANNUAL REPORT

## FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # 571549  1. Entity Name RICHARD BENNETT OF ORLANDO, INC.						Sec	creta	ry of State	
Principal Place 263 SEABOI FRANKLIN, T	RD LN 2	lailing Address 263 SEABOARD LANE RANKLIN, TN 37067 US			 	(TEE)    (TEE)    (TEE)		OTY BY DAY OF BY	
DO NOT WRITE IN THIS SPAC				04292005 No Chg-P CR2E034 (10/03)  4. FEI Number					
5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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  Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE									
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.					00 May Be ad to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRER, ROBERT 424 SOUTH LYNNRIGGS BLVD CLAREMORE, OK 74017	TORS					_,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALYER, WALTER L JR. 263 SEABOARD LANE FRANKLIN, TN 37067		10-7			05/03/05-	035476 -80120 	1 -011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASALENA, SERGIO 411 N CRANBERRY RD. WESTMINSTER, MD 21157					NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JAMES P 263 SEABOARD LANE FRANKLIN, TN 37067				IN -	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			and the second s			4-2-4-1	<del></del>	<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								, p. 100	
<ol> <li>I hereby of indicated of the conchanged,</li> </ol>	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered, or on an attachment with an address, with all	ing does not qualify for the exer ind accurate and that my signate I to execute this report as require other like empowered.	mption stated cure shall have red by Chapte	i in Sec e the s er 607,	ction 119.07(3)( same legal effec , Florida Statute	ii), Florida Statutes, I it as if made under o es; and that my name	I further cer bath; that I a e appears i	tify that the information am an officer or director n Block 10 or Block 11 if	