


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90019 015 ***150.00

DOCUMENT # 600655 1. Entity Name STANLEY, WINES, BENNETT & HELMS, P.A.					
Principal Place of Business 60 SECOND ST.,S.E. WINTER HAVEN, FL 33882-7860			Mailing Address PO BOX 860 WINTER HAVEN, FL 33882-0860		
2. Principal Place of Business 106 Avenue F, S.W.		3. Mailing Address Suite, Apt. #, etc.			
City & State Winter Haven, FL		City & State			
Zip 33880		Country USA		Zip	
Country USA		Zip		Country	
6. Name and Address of Current Registered Agent BENNETT, BARRY W 60 SECOND ST.,S.E. WINTER HAVEN, FL 33882					
7. Name and Address of New Registered Agent Name BENNETT, BARRY W. Street Address (P.O. Box Number is Not Acceptable) 106 Avenue F, S.W. City Winter Haven FL Zip Code 33880					
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 <u>BARRY W. BENNETT</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, BARRY W 60 SECOND ST.,S.E. WINTER HAVEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, BARRY W. 106 Avenue F, S.W. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINES, MASON J 60 SECOND ST.,S.E. WINTER HAVEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINES, Mason J. 106 Avenue F, S.W. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELMS, LARRY S 60 SECOND ST.,S.E. WINTER HAVEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELMS, Larry S. 106 Avenue F, S.W. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>BARRY W. BENNETT</u> 1/3/05 (863) 299-1263 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01032005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1229942** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1/3/05
DATE