

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 019 ***150.00

DOCUMENT # 630250

1. Entity Name

BENDEL INTERNATIONAL, INC.



Principal Place of Business

104 E WICKFORD STREET
SAFETY HARBOR FL 34695

Mailing Address

P O BOX 1555
SITKA AK 99835
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P O Box 115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Odessa

City & State

City & State

Florida

Zip

Country

Zip

Country

33556

WA

4. FEI Number

59-2034090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASH, DALE W
501 E. KENNEDY BLVD., STE. 1700
TAMPA FL FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	AGBONTAEN, SOLOMON O	
STREET ADDRESS	P O BOX 1555 N/A	
CITY - ST - ZIP	SITKA AK 99835	
TITLE	V	<input type="checkbox"/> Delete
NAME	IYAMU, ELIZABETH I	
STREET ADDRESS	1 ARUOSA ST	
CITY - ST - ZIP	BENIN CITY, NIGERIA	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, PEGGY C	
STREET ADDRESS	P O BOX 1555 N/A	
CITY - ST - ZIP	SITKA AK 99835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08 Director