

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807708

FILED
Mar 22, 2005
Secretary of State

Entity Name: BENTON EXPRESS, INC.

Current Principal Place of Business:

1045 S. RIVER IND. BLVD., S.E.
PO BOX 16709
ATLANTA, GA 30315

New Principal Place of Business:

Current Mailing Address:

1045 S. RIVER IND. BLVD., S.E.
ATLANTA, GA 30315 US

New Mailing Address:

FEI Number: 58-0542111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OAKS, SHARON
2061 SCL DR
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATTHEWS, H. R (CHIP)
Address: 1045 S. RIVER IND. BLVD., SE
City-St-Zip: ATLANTA, GA

Title: T () Delete
Name: MATTHEWS, PATTY B
Address: 1045 S. RIVER IND. BLVD., S.E.
City-St-Zip: ATLANTA, GA

Title: CD () Delete
Name: MATTHEWS, HERBERT R,
Address: 1045 S RIVER IND BLVD SE
City-St-Zip: ATLANTA, GA

Title: V () Delete
Name: CORDERO, BENNY
Address: 1045 S. RIVER IND. BLVD., S.E.
City-St-Zip: ATLANTA, GA

Title: VAS () Delete
Name: QUIGLEY, JAMES H
Address: 1045 S. RIVER IND. BLVD., S.E.
City-St-Zip: ATLANTA, GA

Title: V () Delete
Name: HAMMONDS, DON
Address: 2061 SCL DR.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MATTHEWS, H R (CHIP)
Address: 1045 S. RIVER IND. BLVD., SE
City-St-Zip: ATLANTA, GA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: MATTHEWS, HERBERT R
Address: 1045 S RIVER IND BLVD SE
City-St-Zip: ATLANTA, GA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H QUIGLEY

VAS

03/22/2005

Electronic Signature of Signing Officer or Director

Date