


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90105 029 \*\*\*150.00

<b>DOCUMENT # F03000003282</b> 1. Entity Name <b>D. BENNETT SPEECH PATHOLOGY SERVICES, P.C.</b>																			
Principal Place of Business <b>2717 SEVILLE BLVD. #10-106 CLEARWATER, FL 33764</b>		Mailing Address <b>2717 SEVILLE BLVD. #10-106 CLEARWATER, FL 33764</b>																	
2. Principal Place of Business <b>6634 79th AVE N</b>		3. Mailing Address <b>6634 79th AVE N</b>																	
Suite; Apt. #, etc. 		Suite; Apt. #, etc. 																	
City & State <b>PINE BLISS PARK FL</b>		City & State <b>PINE BLISS PARK</b>																	
Zip <b>33781</b>		Zip <b>33781</b>																	
Country <b>FL</b>		Country <b>FL</b>																	
4. FEI Number <b>13-4127879</b>		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent  <b>BENNETT, DARREN 2717 SEVILLE BLVD. #10-106 CLEARWATER, FL 33764</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6634 79th AVE NORTH</b> City <b>PINE BLISS PARK</b> <b>FL</b> Zip Code <b>33781</b>																	
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: <i>Darren Bennett</i> <b>3-7-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
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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: <i>Darren Bennett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-7-05 727-5046941</b> <small>Date Daytime Phone #</small>																	

**50025772**



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