


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90036 019 ***150.00

DOCUMENT # F04000003603

1. Entity Name
BENETECH INVESTMENTS CORP.



Principal Place of Business
**1851 ALBRIGHT ROAD
 MONTGOMERY IL 60538**

Mailing Address
**1851 ALBRIGHT ROAD
 MONTGOMERY IL 60538**

2. Principal Place of Business
1851 Albright RD.
 Suite, Apt. #, etc.

3. Mailing Address
1851 Albright RD.
 Suite, Apt. #, etc.

City & State
Montgomery, IL

City & State
Montgomery, IL

Zip Country
60538 Kane

Zip Country
60538 Kane



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

4. FEI Number **36-3217144** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | STEWART, RALPH | |
| STREET ADDRESS | 3037 BONNIE BRAE CRESCENT | |
| CITY-ST-ZIP | FLOSSMOOR IL 60422 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZIEGLER, DALE | |
| STREET ADDRESS | 7777 FAY AVENUE, #200 | |
| CITY-ST-ZIP | LAVOLLA CA 92037 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CROSNOE, CLARK | |
| STREET ADDRESS | 500 N. AKARD, SUITE 3950 | |
| CITY-ST-ZIP | DALLAS TX 75201 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLETCHER, F. BARRON III | |
| STREET ADDRESS | 500 N. AKARD, SUITE 3950 | |
| CITY-ST-ZIP | DALLAS TX 75201 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PIRCON, RONALD | |
| STREET ADDRESS | 1851 ALBRIGHT ROAD | |
| CITY-ST-ZIP | MONTGOMERY IL 60538 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HERRMAN, JIM | |
| STREET ADDRESS | 1851 ALBRIGHT ROAD | |
| CITY-ST-ZIP | MONTGOMERY IL 60538 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: JIM HERRMAN 2/24/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #