


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000003235**  
1. Entity Name  
**BENCO DENTAL SUPPLY CO.**



Principal Place of Business  
**11 BEAR CREEK BLVD  
WILKES-BARRE, PA 18702**

Mailing Address  
**11 BEAR CREEK BLVD  
WILKES-BARRE, PA 18702**

**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**23-2718942**

Applied For  
Not Applicable

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

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U00000741458  
05/15/07-80029-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	COHEN, SALLY
STREET ADDRESS	11 BEAR CREEK BLVD
CITY-ST-ZIP	WILKES-BARRE, PA 18702
TITLE	P
NAME	COHEN, CHARLES
STREET ADDRESS	11 BEAR CREEK BLVD
CITY-ST-ZIP	WILKES-BARRE, PA 18702
TITLE	VP
NAME	COHEN, RICHARD
STREET ADDRESS	11 BEAR CREEK BLVD.
CITY-ST-ZIP	WILKES BARRE, PA 18702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE: CF Cohen **CF COHEN** 3/22/07 570-825-7781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #