

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90334 012 ***150.00



DOCUMENT # H40790

1. Entity Name

K. BENTLEY INVESTMENTS, INC.

Principal Place of Business

**5471 CHANTECLAIRE
 SARASOTA FL 34235
 US**

Mailing Address

**P O BOX 2461
 SARASOTA FL 34230
 US**



2. Principal Place of Business

**5188 MARSHFIELD LANE
 Suite, Apt. #, etc.
 CONDO**

3. Mailing Address

**AS ABOVE
 Suite, Apt. #, etc.**

1st MOORE CR2E034 (10/04)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-2491201

Applied For

Not Applicable

Zip

34235

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ELMAN, BENJAMIN
 5471 CHANTECLAIRE
 SARASOTA FL 34235**

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

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

(NOTE: Registered Agent signature required when reinstating)

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
 Trust Fund Contribution:

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	ELMAN, BENJAMIN	
STREET ADDRESS	5471 CHANTECLAIRE	
CITY-ST-ZIP	SARASOTA FL 34235-2412	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELMAN, KAY	
STREET ADDRESS	5471 CHANTECLAIRE	
CITY-ST-ZIP	SARASOTA FL 34235-2412	
TITLE		<input type="checkbox"/> Delete
NAME	--	
STREET ADDRESS	--	
CITY-ST-ZIP	--	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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:

Benjamin Elman PRES. BENJAMIN ELMAN, PRES.

4/15/05

941-342-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #