

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90395 017 ***150.00



DOCUMENT # M85145
1. Entity Name
BENETAL CORP.

Principal Place of Business
 101 N. WOODLAND BLVD.
 SUITE 2121
 DELAND, FL 32720 US

Mailing Address
 924 VILLAGE GREEN ROAD
 DELAND, FL 32720 US



2. Principal Place of Business
 101 N. Woodland Blvd
 Suite, Apt. #, etc. ~~600~~ 600

3. Mailing Address
 101 N. Woodland Blvd
 Suite, Apt. #, etc. 600

04272004 Chg-P CR2E034 (10/03)

City & State
 Deland, FL

City & State
 Deland FL

Zip
 32720

Country
 USA

Zip
 32720

Country
 USA

4. FEI Number
 59-2903362

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BENNETT JR., CLYDE C.
 924 VILLAGE GREEN ROAD
 DELAND, FL 32720

7. Name and Address of New Registered Agent
 Name: Bennett Jr. Clyde C.
 Street Address (P.O. Box Number is Not Acceptable): 101 N. Woodland Blvd. St 600
 City: Deland FL Zip Code: 32720

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 Clyde C Bennett Jr
Signature of 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BENNETT, CLYDE C JR	
STREET ADDRESS	924 VILLAGE GREEN RD.	
CITY-ST-ZIP	DELAND, FL 32721	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, SHELDON W.	
STREET ADDRESS	103 COUNTRY CLUB DR.	
CITY-ST-ZIP	DELAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANNALS, GEORGE C.	
STREET ADDRESS	816 LIBERTY CT	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	TITCOMB, ELLWOOD A.	
STREET ADDRESS	139 ASH DRIVE	
CITY-ST-ZIP	LAKE HELEN, FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4064 Glacier Hills Circle	
CITY-ST-ZIP	Ann Arbor, MI 48105	
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: Clyde C Bennett Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-28-04 Daytime Phone #: 386-774-1665