


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90184 004 ***150.00

DOCUMENT # M85145

1. Entity Name
BENETAL CORP.



Principal Place of Business Mailing Address

101 N WOODLAND BLVD. 101 N WOODLAND BLVD.
 600 600
 DELAND, FL 32720 US DELAND, FL 32720 US

50036197



2. Principal Place of Business 3. Mailing Address

101 N. Woodland Blvd *101 N. Woodland Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
100 *100*

01202005 Chg-P CR2E034 (10/03)

City & State City & State

Deland FL *Deland FL*

4. FEI Number Applied For

59-2903362 Not Applicable

Zip Country Zip Country

32720 *USA* *32720* *USA*

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT JR., CLYDE C. 101 N WOODLAND BLVD. STE. 600 DELAND, FL 32720	Name <i>Bennett Jr. Clyde C.</i>
	Street Address (P.O. Box Number is Not Acceptable) <i>101 N. Woodland Blvd</i>
	<i>100</i>
	City <i>Deland</i> FL Zip Code <i>32720</i>

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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, CLYDE C JR	NAME	
STREET ADDRESS	4064 GLACIER HILLS CIR.	STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR, MI 48105	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, SHELDON W.	NAME	
STREET ADDRESS	103 COUNTRY CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNALS, GEORGE C.	NAME	
STREET ADDRESS	816 LIBERTY CT	STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITCOMB, ELLWOOD A.	NAME	
STREET ADDRESS	139 ASH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Roger B Baugher* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR