

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
101 N WOODLAND BLVD.
600
DELAND, FL 32720 US

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

50036197



2. Principal Place of Business

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

3. Mailing Address

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

01202005 Chg-P CR2E034 (10/03)

City & State

DEland FL
Zip 32720 Country USA

City & State

DEland FL
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.
101 N WOODLAND BLVD.
STE. 600
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
100
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

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

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	4064 GLACIER HILLS CIR.	
CITY-ST-ZIP	ANN ARBOR, MI 48105	
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 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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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: *Roger B Baugh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #