


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90005 031 ***150.00

DOCUMENT # M85145			
1. Entity Name BENETAL CORP.			
Principal Place of Business 101 N WOODLAND BLVD. #100 DELAND, FL 32720 US		Mailing Address 101 N WOODLAND BLVD. #100 DELAND, FL 32720 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2903362		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 100 DELAND, FL 32720		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BENNETT, CLYDE C JR 4064 GLACIER HILLS CIR. ANN ARBOR, MI 48105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, SHELDON W. 103 COUNTRY CLUB DR. DELAND, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNALS, GEORGE C. 816 LIBERTY CT DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITCOMB, ELLWOOD A. 139 ASH DRIVE LAKE HELEN, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Roger B. Bouquet</i></u>		Date: <u>3/14/06</u>	Daytime Phone #: <u>386.739.1665</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

4003033



03062006 Chg-P CR2E034 (11/05)



ATTACHMENT
40037044
#M85145

Robert L. Cohen, CPA (1934 - 1996)
George S. Smith III, CPA
Michael W. Brooks, CPA

**FILING INSTRUCTIONS
FOR 2006 PROFIT CORPORATION
ANNUAL REPORT**

CLIENT Benetal Corp.

DATE March 6, 2006

ITEMS MARKED "X" REQUIRE YOUR ATTENTION.

DATE DUE May 1, 2006

FEE DUE \$150.00 Attach a check payable to the "Florida Department of State".
Indicate your employer identification number on the check.

SIGNATURE The return should be signed and dated by an officer or director as indicated on the front page (Box #12).

MAIL TO DIVISION OF CORPORATIONS
Post Office Box 6198
Tallahassee, Florida 32314
(We have provided a pre-addressed envelope for your convenience.)

COPY Retain the "Client Copy" for your files.

SPECIAL
