


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

04-21-2004 90110 001 ****61.25
04-21-2004 90110 002 *****8.75

DOCUMENT # N03000009972	
1. Entity Name BENDICION' SERVICES, INC.	

Principal Place of Business 5904 LEMOS COURT ORLANDO, FL	Mailing Address 5904 LEMOS COURT ORLANDO, FL
--	--

66423098



2. Principal Place of Business 2570 Rose Ridge Circle Suite, Apt. #, etc.	3. Mailing Address 2570 Rose Ridge Circle Suite, Apt. #, etc.
City & State Orlando, Florida	City & State Orlando, FL
Zip 32839 Country Orange	Zip 32839 Country Orange

04132004 Chg-NP CR2E037 (10/03)

4. FEI Number 75-313/303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPBELL, LATIPINEA 2570 ROSE RIDGE CIRCLE ORLANDO, FL 32839	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 *Latippinea Campbell* (NOTE: Registered Agent signature required when reinstating)

DATE 4/16/04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, LATIPINEA AA, BS 2570 ROSE RIDGE CIRCLE ORLANDO, FL 32818 <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	VD RIVERS, THELMA 701 N 4TH STREET HAINES CITY, FL 33844 <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	TD GRESSETT, ALBERT 708 N 5TH STREET HAINES CITY, FL 33844 <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	SD COOPER, RUTH 2570 ROSE RIDGE CIRCLE ORLANDO, FL 32818 <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
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 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 617, 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: *Latippinea Campbell* 4/16/04 407-851-9239

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #