


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90043 011 ****70.00

DOCUMENT # N98000000368 1. Entity Name BENEDICT HAVEN INC.					
Principal Place of Business 210 72ND AVENUE NORTH ST. PETERSBURG, FL 33702			Mailing Address 210 72ND AVENUE NORTH ST. PETERSBURG, FL 33702		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3492167	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPOOR, II, W.G. CPA SPOOR, DOYLE AND ASSOCIATES 6830 CENTRAL AVENUE, SUITE A SAINT PETERSBURG, FL 33707					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee \$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	SD TURNBAUGH, JUDITH 3845 SIENNA LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARRELL, KATHLEEN DR. 316 21 ST AVE. NE ST. PETERSBURG, FL 33704
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTALDO, DELORES S 210-72ND AVE. NORTH ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, LAWRENCE 898 85 TH AVE. N. ST. PETERSBURG, FL 33702
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAHMAN, JOAN R 3833 SIENNA LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROOMS, CHELLE C/O PEMHS 11254 58 TH ST. N. PINELLAS PARK, FL 33782
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KANT, ELIZABETH 2465 NORTHSIDE DRIVE, #502 CLEARWATER, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROOMS, CHELLE C/O PEMHS 11254 58 TH ST. N. PINELLAS PARK, FL 33782
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KANT, ELIZABETH 2465 NORTHSIDE DRIVE, #502 CLEARWATER, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROOMS, CHELLE C/O PEMHS 11254 58 TH ST. N. PINELLAS PARK, FL 33782
				<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: <i>[Signature]</i> 3/24/04 (127) 527-2257					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					