

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90028 023 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-3492167**

Applied For  
☐ Not Applicable

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

**SPOOR, II, W.G., CPA  
SPOOR, DOYLE AND ASSOCIATES  
6830 CENTRAL AVENUE, SUITE A  
SAINT PETERSBURG, FL 33707**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
FARRELL, KATHLEEN. DR.  
316 21ST AVE. NE  
SAINT PETERSBURG, FL 33704** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
DOLORES CASTALDO  
10600 42ST N AK 1011  
ST. PETERSBURG FL 33716** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CASTALDO, DELORES S  
210-72ND AVE. NORTH  
ST. PETERSBURG, FL 33702** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MR. CAROL JONES  
10300 44ST N  
ST. PETERSBURG FL 33716** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
FISCHER, LAWRENCE  
898 85TH AVE. N.  
SAINT PETERSBURG, FL 33702** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY  
JANE VATELOT  
11491 101ST  
LARGO FL 33773** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GROOMS, CHELLE  
11254 58TH ST. N.  
PINELLAS PARK, FL 33782** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER  
TAMMY B ROCKS  
6062 257 AVEN  
ST PETERSBURG FL 33710** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KANT, ELIZABETH  
2465 NORTHSIDE DRIVE, #502  
CLEARWATER, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EX. DIRECTOR  
DINA GORZYNKI  
216 72 AVEN  
ST. PETERSBURG FL 33702** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

*Dolores Castaldo* PRES./FOUNDER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05  
Date

727.527.2257  
Daytime Phone #