


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90072 029 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3492167	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPLIFI BUSINESS, INC 8950 DR MARTIN LUTHER KING ST N SUITE 130 SAINT PETERSBURG, FL 33702				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 is \$61.25 Due by May 1, 2008		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 CASTALDO, DOLORES 10600 4TH ST. NO., APT 1011 SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VATELOT, JANE 150 153RD AVENUE SUITE 205 MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOKS, TAMMY 6062 28TH AVE N SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEROSE, DAVID 740 62ND AVENUE N SAINT PETERSBURG, FL 33702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFINITO, ROSEMARIE 3301 58TH AVENUE S, #102 ST PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTALDO DOLORES 210 72 AVE N ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOAN KLUKERT 2073 64 PL ST PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVID DE ROSE 740 62 AVENUE ST PETERSBURG FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ED PARSELEY 2325 9TH ST N ST PETERSBURG FL 33704	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE VATELOT EXEC. DIR. 150 153RD AVE STE 205 MADEIRA BEACH FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE VATELOT EXEC. DIR. 150 153RD AVE STE 205 MADEIRA BEACH FL 33710	<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 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>Dolores Castaldo PRES.</i> 1/12/08 727-527-2257					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

January 12, 2008

40007796

Divisions of Corporations

Enclosed is check in the amount of \$70.00 for filing fee \$61.25 plus fee for certificate of Status \$8.75.

Also enclosed is the Annual Report form with changes to Executive BOD

Benedict Haven, Inc
210 72nd Ave. N.
St. Petersburg, Fl. 33702

Document number N98000000368

If there is any additional information required please contact us at 727-527-2257.

Sincerely,



Dolores Castaldo
President/Founder
Benedict Haven, Inc.