## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000040185**

Entity Name

RICHARD C. BENNETT INSURANCE, INC.



FILED Apr 26, 2007 08:00 A Secretary of State

Fee Required

Principal Place of Business

Mailing Address

2823 HWY 301, SUITE 1 ELLENTON, FL 34222 2823 HWY 301, SUITE 1 ELLENTON, FL 34222



| DO NOT WRITE IN THIS S | SPA | CE |
|------------------------|-----|----|
|------------------------|-----|----|

03272007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-1001258 Not Applicable

65-1001258 Not Appli

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

BENNETT, RICHARD C 2823 HWY 301 #1 ELLENTON, FL 34222

SIGNATURE: -

## DO NOT WRITE IN THIS SPACE

|  | •   |                               | İ   |   | •   |
|--|---|-------------------------------|---|---|---|
|  | named entity submits this statement for the plions of registered agent.   | purpose of changing its reg   | istered office or r                                       | egistered agent, or bot   | h, in the State of Florida I am familiar with, and accept   |
| SIGNATURE.   |   |                               |   |   |   |
|  | Signature, typed or printed name of registered agent and title  | I applicable. (NOTE: Re       | gistered Agent signature                                  | required when reinstating)  | DATE  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign I |   |                               | \$5.00 May Be<br>Added to Fees                            |   |   |
| 10.  | OFFICERS AND DIREC  | TORS                          |   | <del> </del>  |   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  | PSTD<br>BENNETT, RICHARD C<br>2823 HWY 301, SUITE 1<br>ELLENTON, FL 34222   |                               |   |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                               |   |   | 05/09/07-80049-003 150.00   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                               |   | DO  | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                               |   | IN 7  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | •                             |   | :   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | -   |                               |   |   |   |
| or the cor   | certify that the information supplied with this fi<br>on this report or supplemental report is true a<br>reporation or the receiver or trustee empowered<br>or on an attachment with an address, with all | i to execute this report as r | e exemptions cor<br>ignature shall hav<br>equired by Chap | ntained in Chapter 119<br>ve the same legal effecter 607. Florida Statute | , Florida Statutes. I further certify that the information tas if made under oath; that I am an officer or directors, and that my name appears in Block 10 or Block 11 if |

# 100 HV// 94/0

Daytime Phone #