


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 - 08:00 AM
Secretary of State

DOCUMENT # P00000051307 1. Entity Name BEZMEN AND ASSOCIATES, INC.	
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Principal Place of Business 6680-1 COLUMBIA PARK DR. SOUTH JACKSONVILLE, FL 32258	Mailing Address 6680-1 COLUMBIA PARK DR. SOUTH JACKSONVILLE, FL 32258
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04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3657939	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILBER, CARL
6680-1 COLUMBIA PARK DR. SOUTH
JACKSONVILLE, FL 32258

**DO NOT WRITE
IN THIS SPACE**

6. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

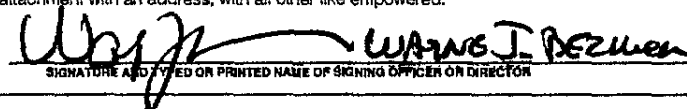
TITLE	D
NAME	BEZMEN, WAYNE J
STREET ADDRESS	6680-1 COLUMBIA PARK DR. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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 607, 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:


WAYNE J. BEZMEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 904-534-4315
Date Daytime Phone #