## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000081449

## **FILED** Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90345 036 \*\*\*150.00

1. Entity Nam BENEVA	ENTERPRISES, INC.					
Principal Place of Business Mailing Address					1 - A - A - A - A - A - A - A - A - A -	
6980 BENEVA ROAD SARASOTA, FL 34238		6980 BENEVA ROAD SARASOTA, FL 34238		t 1870 884 (d) 881   1881   1881   1871   1871	50038677	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012005 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-1035100	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New R	legistered Agent	
CONFORTI ARTINER			Name	Name		
CONFORTI, ARTHUR F 6980 BENEVA ROAD SARASOTA, FL 34238			Street Addre	ess (P.O. Box Number is Not Acceptable	2)	
5ANASOTA, FE 34236						
			City	***************************************	FL Zip Gode	
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 primed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating) CATE						
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 \$550.00  9. Election Campaign Fina Trust Fund Contribution				\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS 11.		11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11		
TITLE	DPVT	□ Dolde	TITLE	***************************************	Change 🔲 Addition	
NAME	CONFORTI, ARTHUR F		NAME			
STREET ADDRESS CITY-ST-ZIP	6980 BENEVA ROAD SARASOTA, FL 34238		STREET ADDRESS CITY-53-289			
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	CONFORTI, DONNA		NAME			
STREET ADDRESS	6980 BENEVA ROAD		STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34238	<sup>170</sup>	CITY-ST-ZIP		FIR Character FIR Address	
MAME	CONFORTI, ARTHUR	Delete	TITLE	هو مصليان المجيد فيهم وردموا لوايا	Change Addition -	
STREET ADDRESS	6980 BENEVA RD		STREET ADDRESS			
CITY-ST-ZIF	SARASOTA, FL 34238		C(TY-ST-Z)P			
TITLE		Delete	TITLE		Change C Addition	
NAME STREET ADDRESS			MAME STREET ADDRESS			
CRTY-ST-ZIP			CITY-ST-ZIP			
TITLE		□ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME EXPERT ADDRESS			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS OFFY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Ghange ☐ Addilion	

O THE STORE

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 ristete empowered to execute this appears 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 encouraged.

CHY-S1-ZIP

STREET ADDRESS

NAME

**SIGNATURE:** 

NAME

STREET ADDRESS

CDY-S1-ZIP

Director APTION TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #