

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90046 029 ***150.00

DOCUMENT # P01000015671 1. Entity Name BENT-NAILS.COM, INC.					
Principal Place of Business 7250 HENDRY CREEK DRIVE FORT MYERS, FL 33908			Mailing Address 7250 HENDRY CREEK DRIVE FORT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEAVER, JOSH H 7250 HENDRY CREEK DRIVE FORT MYERS, FL 33908			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, JOSH H 7250 HENDRY CREEK DR. FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, T, D WEAVER, JANE H. 7250 HENDRY CREEK DR FT. MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEAVER, JANE H 7250 HENDRY CREEK DR. FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP WEAVER, JANE H 7250 HENDRY CREEK DR. FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 JANE H. WEAVER			01/14/05 (239) 433-5870		