

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000015671

1. Entity Name
BENT-NAILS.COM, INC.



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

02-10-2005 90046 029 ***150.00

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 WEAVER, JOSH H 7250 HENDRY CREEK DRIVE FORT MYERS, FL 33908			
7: Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			



01042005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1081305	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 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 Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE: PD NAME: WEAVER, JOSH H STREET ADDRESS: 7250 HENDRY CREEK DR. CITY-ST-ZIP: FORT MYERS, FL 33908		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: VP, S, T, D NAME: WEAVER, JANE H. STREET ADDRESS: 7250 HENDRY CREEK DR. CITY-ST-ZIP: FT. MYERS, FL 33908	
TITLE: STD NAME: WEAVER, JANE H STREET ADDRESS: 7250 HENDRY CREEK DR. CITY-ST-ZIP: FORT MYERS, FL 33908		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: STVP NAME: WEAVER, JANE H STREET ADDRESS: 7250 HENDRY CREEK DR. CITY-ST-ZIP: FORT MYERS, FL 33908		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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* JANE H. WEAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/05 (329) 433-5870
Daytime Phone #