


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State


04-05-2005 90045 043 ***150.00

DOCUMENT # P01000053351		
1. Entity Name BEDNARK ENTERPRISES, INC.		

Principal Place of Business 101 PHILLIPPE PARKWAY 201 SAFETY HARBOR FL 34695	Mailing Address 101 PHILLIPPE PARKWAY 201 SAFETY HARBOR FL 34695
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2. Principal Place of Business 101 PHILLIPPE PARKWAY Suite, Apt. #, etc. 201	3. Mailing Address 101 PHILLIPPE PARKWAY Suite, Apt. #, etc. 201
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City & State SAFETY HARBOR FL	City & State SAFETY HARBOR FL
Zip 34695	Zip 34695
Country USA	Country USA

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 59-3723497	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent CHRISTOPHER ABEDNARK 101 PHILLIPPE PARKWAY SUITE 201 SAFETY HARBOR FL 34695	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE 3/31/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BEDNARK, HELEN I 2974 AMBLEGLEN CT CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BEDNARK, CHRISTOPHER 2974 AMBLEGLEN CT CLEARWATER FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/31/05 Daytime Phone # 727 791 6335