

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000053476

1. Entity Name
BENNETT RESOURCE GROUP INC.



Principal Place of Business
833 CENTRAL ST.
TALLAHASSEE, FL 32303

Mailing Address
2711 LACOTA ROAD
WATERFORD, MI 48328



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3213643

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BENNETT, ZOE ALLEN
833 CENTRAL ST.
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

1100000155201
05/05/04-80026-009 228.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BENNETT, ZOE A
833 CENTRAL ST.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BENNETT, LEONARD
2711 LACOTA RD.
WATERFORD, MI 48328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NIMS, MAMIE A
833 CENTRAL ST.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALLEN, ELBERT
833 CENTRAL ST.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Zoe Allen Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 (248) 682-7514
Date Daytime Phone #