

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90117 005 \*\*\*150.00

**DOCUMENT # P01000085009**

1. Entity Name  
**BENETECH, INC.**



Principal Place of Business  
**145 WAYMONT COURT #111  
LAKE MARY, FL 32746**

Mailing Address  
**145 WAYMONT COURT #111  
LAKE MARY, FL 32746**

**20033746**

2. Principal Place of Business  
**106 COMMERCE ST**  
Suite, Apt. #, etc.  
**103**  
City & State  
**LK MARY FL**  
Zip  
**32746** Country  
**USA**

3. Mailing Address  
**106 COMMERCE ST**  
Suite, Apt. #, etc.  
**103**  
City & State  
**LAKEMARY FL**  
Zip  
**32746** Country  
**USA**

03312005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3743748** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BROWN, KENNETH  
145 WAYMONT COURT #111  
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent  
Name  
**KYMBERLY KNOTT**  
Street Address (P.O. Box Number is Not Acceptable)  
**106 COMMERCE ST SUITE 103**  
**SUITE 103**  
City  
**LK MARY FL** Zip Code  
**32746**

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 **KYMBERLY KNOTT** **4-11-05**  
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. ☐ **\$5.00** May Be Added to Fees **4-11-05**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOTT, WILLIAM M 330 EVANS DALE ROAD LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, KENNETH W 916 BRENTWOOD DRIVE APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: **W.M. KNOTT** **4-11-05** **407-833-2588**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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20033746

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## Division of Corporations

## Annual Report

Document Number  
P01000085009  
Business Entity Name  
BENETECH, INC.

FEI Number 593743748  
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address 106 Commerce Street  
Suite, Apt. #, etc. Suite 103  
City, State LAKE MARY FL  
Zip Code & Country 32746

## Mailing Address

Address 106 Commerce Street  
Suite, Apt. #, etc.  
City, State LAKE MARY FL  
Zip Code & Country 32746

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) BROWN KENNETH  
-or- RA Business Name  
Address 106 Commerce Street  
Suite, Apt. #, etc. Suite 103  
City, State LAKE MARY FL  
Zip Code & Country 32746 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

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20033766

forgery under §831.06, Florida Statutes.

## Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State


Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

sec

Officer/Director Signature: Kenneth W. Brown



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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