2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000119909

1. Entity Name
BENNETT'S CATERING, INC.

Principal Place of Business	Mailing Address
1427 N. GRANDVIEW AVE.	1427 N. GRANDVIEW AVE.
DAYTONA BCH, FL 32118	DAYTONA BCH, FL 32118

DO NOT WRITE IN THIS SPACE

04232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3587058	Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, RONALD F
400 S. PALMETTO AVE.
DAYTONA BCH, FL 32114

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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

U00000154461
05/04/04-80168-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCRAE, TRACY E
STREET ADDRESS	1427 N. GRANDVIEW AVE.
CITY-ST-ZIP	DAYTONA BCH, FL 32118

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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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: _____   7/26/04   (386) 257-0996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #