


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90290 019 ***150.00

DOCUMENT # P02000025747	
1. Entity Name JAMES S. BENDZA, P.A.	

Principal Place of Business 4328 CORPORATE SQUARE, SUITE C NAPLES FL 34104	Mailing Address 4328 CORPORATE SQUARE, SUITE C NAPLES FL 34104
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2. Principal Place of Business 18 Newbury Place	3. Mailing Address 18 Newbury Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FL	City & State Naples, FL
Zip 34104-7801	Zip 34104-7801
Country	Country Collier



1st MOORE CR2E034 (10/04)

4. FEI Number 43-1952085		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PINTER, MICHAEL R 4328 CORPORATE SQUARE, SUITE C NAPLES FL 34104		7. Name and Address of New Registered Agent Name - Richard M. Creel, Esq. Street Address (P.O. Box Number is Not Acceptable) 2272 Aport Road South, Suite 205 City Naples, FL Zip Code 34112-4837

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 *Richard M. Creel* **4/14/05**
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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDZA, JAMES S 4328 CORPORATE SQUARE, SUITE C NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *James S. Bendza* **4/14/05** **(239) 353-6995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #