2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000063951

1. Entity Name
BENNETT UTILITIES CORPORATION

Principal Place of Business	Mailing Address
323 RIVER DR TEQUESTA, FL 33469	323 RIVER DR TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE

03202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0452019	Not Applicable

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

6. Name and Address of Current Registered Agent

CRUM, RICHARD B
515 N FLAGLER DR STE 1800
W PALM BCH, FL 33401

**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, 2006 Fee will be $550.00**	9. Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	T
NAME	CRUM, RICHARD B
STREET ADDRESS	515 N FLORIDA DR #1800
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	P
NAME	HELFANT, JUDITH
STREET ADDRESS	323 RIVER DRIVE
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000486207
04/13/06-80028-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Judith Helfant_   3/22/06   5617440981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #