

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90017 011 \*\*\*150.00

**DOCUMENT # P03000005161**

1. Entity Name  
**BENNETT MEN'S WEAR, INC.**



Principal Place of Business  
**235 ROYAL POINCIANA WAY  
PALM BEACH, FL 33480**

Mailing Address  
**235 ROYAL POINCIANA WAY  
PALM BEACH, FL 33480**

00010000



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**47-0905030**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRAMM, LUDWIG  
3420 WASHINGTON ROAD  
WEST PALM BEACH, FL 33405**

**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**

**2 - 5 - 2006**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KRAMM, LUDWIG
STREET ADDRESS	3420 WASHINGTON ROAD
CITY - ST - ZIP	WEST PALM BEACH, FL 33405
TITLE	VD
NAME	KRAMM, TRACY
STREET ADDRESS	3420 WASHINGTON ROAD
CITY - ST - ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LUDWIG KRAMM** **2-5-06** **5683-4505**