


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # P03000031298</b> 1. Entity Name <b>BENTLEY &amp; BENTLEY HOLDINGS, INC.</b>					
Principal Place of Business <b>3160 INVERNESS WESTON FL 33332</b>			Mailing Address <b>3160 INVERNESS WESTON FL 33332</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROSENBERG, ANDREW G 8751 W BROWARD BLVD STE 106 PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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: <i>Beth Bentley</i> <span style="float: right;"><i>Secretary</i></span> <span style="float: right;"><i>2/16/04</i></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENTLEY, LAURA 3160 INVERNESS WESTON FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITION 00000057218 11274/114-411051-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BENTLEY, IAN 9536 CAVENDISH DRIVE TAMPA FL 33626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITION <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BENTLEY, BETH 9536 CAVENDISH DRIVE TAMPA FL 33626		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITION <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENTLEY, HARRISON 3160 INVERNESS WESTON FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITION <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	ADDITION <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	ADDITION <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)(f), 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: <i>Beth Bentley</i>			Date: <i>2/16/04</i> Daytime Phone #: <i>813-503-1876</i>		