


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90002 049 \*\*\*150.00

<b>DOCUMENT # P03000102167</b> 1. Entity Name <b>1851 BENEVA, INC.</b>					
Principal Place of Business <b>3500 THORNBURY LANE BONITA SPRINGS, FL 34134</b>			Mailing Address <b>3500 THORNBURY LANE BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business		3. Mailing Address <b>PO Box 1689</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>WILLES BARRIE DA</b>		4. FEI Number <b>20-0234942</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		6. Name and Address of Current Registered Agent <b>ROWLAND, DAVID 3500 THORNBURY LANE BONITA SPRINGS, FL 34134</b>	
Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>DAVID R. ROWLAND</b>			Date <b>6/15/04</b> Daytime Phone # <b>239-495-3313</b>		