2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTERNAME OF SIGNING OFFICER OR DIRECTOR

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P03000102167 1. Entity Name 04-20-2005 90335 028 ***150.00 1851 BENEVA, INC. Principal Place of Business Mailing Address 3500 THORNBURY LANE PO BOX 1689 50039973 **BONITA SPRINGS FL 34134** WILKES BARRE PA 18703 2. Principal Place of Business 3. Mailing Address 861 TOUCAN Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 1203 リレノエ City & State Applied For 4. FEI Number 20-0234942 ARASOTA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWLAND, DAVID Street Address (P.O. Box Number is Not Acceptable) 3500 THORNBURY LANE **BONITA SPRINGS FL 34134** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition ☐ Delete ROWLAND DAVID R 1861 TOUCAN WAY WIT 1203 ROWLAND, DAVID R NAME NAME 3500 THORNBURY LANE STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP <u>ar aSuta</u> VΡ C. val. TITLE ☐ Delete TITLE Addition ☐ Change ROWLAND, RICHARD D NAME NAME STREET ADDRESS 8461 ISLES WORTH CT 314303 STREET ADDRESS CITY-ST-7IP SARASOTA FL 34243 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME JANICK, BARBARA L STREET ADDRESS STREET ADDRESS RR #2 BOX 459 SA CITY-ST-ZIP HARVEYS LAKE PA 18618 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TETLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frue 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.

FILED