


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91040 017 \*\*\*150.00

<b>DOCUMENT # P04000001845</b>		
1. Entity Name <b>JOHN BENTLEY SERVICE INC.</b>		

Principal Place of Business <b>428 S CRYSTAL LAKE DRVIE ORLANDO FL 32803 US</b>	Mailing Address <b>428 S CRYSTAL LAKE DRVIE ORLANDO FL 32803 US</b>
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2. Principal Place of Business <i>428 S Crystal Lake Dr.</i>	3. Mailing Address <i>428 S Crystal Lake Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Orlando FL</i>	City & State <i>ORLANDO FLA</i>
Zip <i>32803</i>	Zip <i>32803</i>
Country <i>US</i>	Country <i>US</i>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>BENTLEY, JOHN 428 S CRYATSL LAKE DR ORLANDO FL 32803</b>		7. Name and Address of New Registered Agent Name <i>John Bentley Service Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>428 S Crystal Lake Dr</i> City <i>ORLANDO FL</i> Zip Code <i>32803</i>	
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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 *John Bentley Service Inc.* (NOTE: Registered Agent signature required when reinstating) DATE *4-14-04*

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENTLEY, JOHN 428 S CRYSTAL LAKE DR ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENTLEY, JEREMY 771 PINE BLUFF AVE DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENTLEY, RICHARD 428 S CRYSTAL LAKE DR ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CURNUTTE, ROBERT J 428 S CRYSTAL LAKE DR ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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)(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.

SIGNATURE: *JOHN BENTLEY* *John Bentley* DATE *4-14-04* DAYTIME PHONE # *407-898-4186*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR