

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90303 001 ****75.00
04-29-2005 90303 002 ****75.00

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DOCUMENT # P04000031196 1. Entity Name BENARTHUR AND ASSOCIATES, INC.					
Principal Place of Business 28520 MEADOWRUSH WAY WESLEY CHAPEL, FL 33543			Mailing Address 28520 MEADOWRUSH WAY WESLEY CHAPEL, FL 33543		
2. Principal Place of Business 1717 E. Busch Blvd Suite, Apt. #, etc. Suite E.		3. Mailing Address 1717 E. Busch Blvd Suite, Apt. #, etc. Suite E.		04262005 Chg-P CR2E034 (10/03)	
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 77-0625794	
Zip 33612		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, BENJAMIN J 28520 MEADOWRUSH WAY. WESLEY CHAPEL, FL 33543				7. Name and Address of New Registered Agent Name 1717 E. Busch Blvd Ben Arthur Street Address (P.O. Box Number is Not Acceptable) AND ASSOCIATES, INC 1717 E. Busch Blvd suite E. City Tampa FL Zip Code 33612	
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, ARTHUR L 1211 FLEXFORD STREET BRANDON, FL 33511		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIELS, BENJAMIN J 28520 MEADOWRUSH WAY WESLEY CHAPEL, FL 33543		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 <u>Benjamin J. Daniels</u> Benjamin J. Daniels 4/28/05 (813) 215-2889 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					