
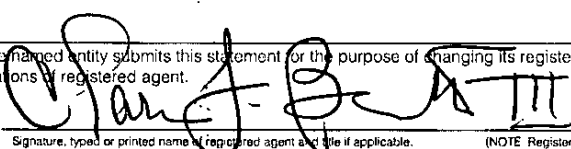
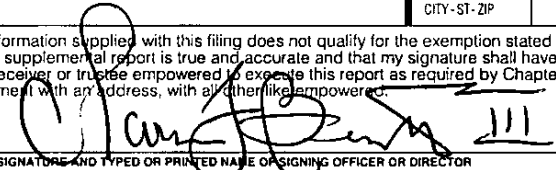


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90149 017 ***150.00

DOCUMENT # P04000072968 1. Entity Name BENNETT FINANCIAL SERVICES, INC.			
Principal Place of Business 410 WARE BLVD. 408 TAMPA, FL 33619		Mailing Address 410 WARE BLVD. 408 TAMPA, FL 33619	
2. Principal Place of Business 2203 VALRICO FOREST DR Suite, Apt. #, etc.		3. Mailing Address 2203 VALRICO FOREST DR Suite, Apt. #, etc.	
City & State VALRICO, FL		City & State VALRICO, FL	
Zip 33594		Zip 33594	
Country USA		Country USA	
4. FFI Number 34-1994604		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, SCOTT F 200 SOUTH HOOVER BLVD 201-140 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name CLARENCE F BENNETT III Street Address (P.O. Box Number is Not Acceptable) 2203 VALRICO FOREST DRIVE City VALRICO FL Zip Code 33594	
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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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 P NAME BENNETT, CLARENCE F III STREET ADDRESS 410 WARE BLVD, #408 CITY-ST-ZIP TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE CLARENCE F BENNETT III STREET ADDRESS 2203 VALRICO FOREST DR CITY-ST-ZIP VALRICO, FL 33594	<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
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	