## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P04000105181 1. Entity Name 04-26-2007 90201 022 \*\*\*158.75 BENINATI CONSTRUCTION INC. Principal Place of Business Mailing Address 2143 GARY CT. 2143 GARY CT. PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2143 Garx Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 05-0606657 Not Applicable Zip 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 BENINATI, STEVEN D Street Address (P.O. Box Number is Not Acceptable) 2143 GARY CT. PALM HARBOR FL 34683 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ш DILE □ Change ☐ Defete ☐ Addition BENINATI, STEVEN D NAMI NAMI 2143 GARY CT. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY ST-ZIP CITY ST ZIP IIIII ☐ Defete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY+ST ZIP 1000☐ Defete HHE Change ☐ Addition NAMI NAME STREET ADDRESS STRUE LADORESS CITY S1-7IP CHY ST ZIP THUE ☐ Delete HOLE ☐ Chance ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY S1-7IP CITY ST 7/P ☐ Delete ☐ Addition 11111 NAMI NAME STIRET ADDRESS STREET ADDRESS CHY ST-ZIP CITY+SI-7IP 11111 ☐ Delete 11/11 ☐ Change Addition NAME NAMI SIDLET ADDRESS STREET ADORESS CITY ST-7IP CITY-S1-ZIP

**FILED** 

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.