

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90028 019 ***158.75

DOCUMENT # P04000115019

1. Entity Name
BENTON ENTERPRISES, INC.



Principal Place of Business
**18002 RICHMOND PLACE DRIVE
#3227
TAMPA, FL 33647**

Mailing Address
**18002 RICHMOND PLACE DRIVE
#3227
TAMPA, FL 33647**

50006982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1458893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENTON, DOUG
18002 RICHMOND PLACE DRIVE
#3227
TAMPA, FL 33647**

Name **Doug Benton**

Street Address (P.O. Box Number is Not Acceptable)

1530 McMullen South Road Suite D-4

City **Clearwater**

FL

Zip Code

33759

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 **Doug Benton**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BENTON, DOUG**
STREET ADDRESS **18002 RICHMOND PLACE DRIVE, #3227**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T** ☐ Delete
NAME **BENTON, SUSAN**
STREET ADDRESS **18002 RICHMOND PLACE DRIVE, #3227**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **Doug Benton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05 (813) 416-9413

Date

Daytime Phone #