


FILED
Aug 08, 2005 8:00 am
Secretary of State

05-03-2005 90092 017 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|---|--|---|
| DOCUMENT # P04000160811 | |  | |
| 1. Entity Name BEN'S USED AUTO'S INC. | | | |
| Principal Place of Business 5004 U.S 301 E. BRADENTON, FL 34203 | | Mailing Address 5004 U.S 301 E. BRADENTON, FL 34203 | |
| 2. Principal Place of Business 5004 301 Blvd. East Suite, Apt. #, etc. | | 3. Mailing Address Same Suite, Apt. #, etc. | |
| City & State Bradenton, FL | | City & State | |
| Zip 34203 | Country Marshall | Zip 34203 | Country |
| 4. FEI Number 20-1934138 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOCHNER, BENEDICT T 4207 55TH AVE DR. EAST BRADENTON, FL 34203 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOCHNER, BENEDICT T 4207 55TH AVE DRIVE EAST BRADENTON, FL 34203 <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 | S/T LOCHNER, SANDRA L 4207 55TH AVE DRIVE EAST BRADENTON, FL 34203 <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 |
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| 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 amendments. | | | |

66025558



07242005 Chg-P CR2E034 (10/03)

8/13/05

ATTACHMENT
66625558

DIVISION OF CORPORATIONS, DOCUMENT#~~PO~~40001600811
WE SENT OUR CHECK AND PAPER WORK OFF BACK IN
MAY,THE CHECK CLEARED IT WAS #179 ON MAY 20TH.
APPARENTLY WE DIDN'T PUT OUR FEI# ON IT.SO I CALLED
YOUR OFFICE AND SHE TOLD ME TO SEND A LETTER
STATEING OUR COVERSAATION AND OUR FEI #20-1934138.

SO I HOPE THIS IS WHAT I NEEDED,I DIDN'T GET THE
PAPER BACK IN THE MAIL,STATING WHAT WE DID
WRONG,BUT THE WOMAN I TALKED TO SAID IT WAS SENT
OUT,AND SEEINGS I DIDN'T GET IT TO JUST WRITE A LETTER
WITH THE INFO. PLEASE LET ME KNOW IF I CAN BE OF MORE
HELP.

THANKS: SANDY LOCHNER CELL PHONE 941-812-
4261