



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90201 002 ***150.00

DOCUMENT # P05000024364 1. Entity Name THE BENTLEY SALES GROUP, INC.					
Principal Place of Business 100 NORTH TAMPA STREET SUITE 1910 TAMPA, FL 33602			Mailing Address 100 NORTH TAMPA STREET SUITE 1910 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # 4900 BRIDGE ST. TAMPA, FL 33611		3. Mailing Address P.O. 13465 TAMPA, FL 33681			
City & State _____		City & State _____		04252008 Chg-P CR2E034 (12/06)	
Zip _____		Country _____		4. FEI Number 20-2401396	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OELSCHLAEGER, EDWARD R 601 BAYSHORE BOULEVARD SUITE 960 TAMPA, FL 33606			7. Name and Address of New Registered Agent EDWARD R. OELSCHLAEGER Street Address (P.O. Box Number is Not Acceptable) 4900 BRIDGE ST. TAMPA, FL 33611 City, _____ State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-28-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D OELSCHLAEGER, EDWARD R 601 BAYSHORE BOULEVARD #960 TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EDWARD R. OELSCHLAEGER P.O. 13465 TAMPA, FL 33681	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NIEDERPRUEM, DONALD J 100 NORTH TAMPA STREET #1925 TAMPA, FL 33602	<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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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 exemptions contained in Chapter 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> EDWARD R. OELSCHLAEGER			Date 4-28-08 813-251-4868		