

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90186 010 \*\*\*150.00

<b>DOCUMENT # P05000035882</b>					
<b>1. Entity Name</b> <b>BENCOR FINANCIAL SERVICES, INC.</b>					
<b>Principal Place of Business</b> 1001 N. WASHINGTON BLVD., STE. 101 SARASOTA FL 34236			<b>Mailing Address</b> 1001 N. WASHINGTON BLVD., STE. 101 SARASOTA FL 34236		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1733085	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BISHOP, HUGH B. 1001 N. WASHINGTON BLVD., STE. 101 SARASOTA FL 34236				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				<b>FL</b> Zip Code	
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when non-attorney)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/>				<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
D BISHOP, HUGH B. 1001 N. WASHINGTON BLVD., STE. 101 SARASOTA FL 34236	Change Addition				
Delete	Change Addition				
Delete	Change Addition				
Delete	Change Addition				
Delete	Change Addition				
Delete	Change Addition				
Delete	Change Addition				
<b>12. I hereby 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
April 3, 2006 941-366-2779 <small>Date Daytime Phone #</small>					