2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
04-19-2006 90092 018 ***150.00

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1. Entity Name
BENNETT SITE CONTRACTOR, INC.

Principal Place of Business	Mailing Address
302 THIRD STREET SUITE 5 NEPTUNE BEACH, FL 32266	302 THIRD STREET SUITE 5 NEPTUNE BEACH, FL 32266

04172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
15 # B S. Wilderness Trl	15 S. Wilderness Tr
Suite, Apt. #, etc.: #B	Suite, Apt. #, etc.: #B
City & State: Ponte Vedra Bch Fl	City & State: Ponte Vedra Bch Fl
Zip: 32082 Country: St Johns	Zip: 32082 Country: St Johns

4. FEI Number: 84-1679237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINGER, DAVID M
15 S WILDERNESS TRAIL #B
PONTE VEDRA BEACH, FL 32082

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	☐ Delete
NAME	Bennett, Dean	
STREET ADDRESS	15 S Wilderness Trail	
CITY-ST-ZIP	Ponte Vedra Bch Fl 32082	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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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 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: Dean Bennett 4/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #