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Secretary of State
05-04-2006 90233 005 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000072158

1. Entity Name
RONALD ANTHONY BENNETT SR. INC.

Principal Place of Business	Mailing Address
1204 OAKPOND CIRCLE NE STEINHATCHEE, FL 32359	1204 OAKPOND CIRCLE NE STEINHATCHEE, FL 32359

06012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
TAYLOR COUNTY		1204 OAKPONDCIRCLE NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: STEINHATCHEE FLA.		City & State	
Zip: 32359	Country	Zip	Country: USA

4. FEI Number: 20-2909309 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, RONALD A SR
1204 OAKPOND CIRCLE NE
STEINHATCHEE, FL 32359

7. Name and Address of New Registered Agent

Name: RONALD ANTHONY BENNETT SR INC.
Street Address (P.O. Box Number is Not Acceptable): 1204 OAKPONDCIRCLE NE
STEWHATCHEE FLA 32359
City: TAYLOR COUNTY FLA 32359 FL Zip Code 32359

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: Ronald A Bennett DATE: 05-01-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, RONALD A SR 1204 OAKPOND CIRCLE NE STEINHATCHEE, FL 32359	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Ronald A Bennett 05-01-06 352-498-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #