

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90469 040 ***150.00

DOCUMENT # P05000142162 1. Entity Name BENS MANUFACTURED HOMES INC																															
Principal Place of Business 211 SHANKIN RD 345 1/2 W parker BARTOW, FL 33830		Mailing Address 211 SHANKIN RD 345 1/2 W parker BARTOW, FL 33830																													
2. Principal Place of Business 345 1/2 W parker Suite, Apt. #, etc.		3. Mailing Address 345 1/2 W parker Suite, Apt. #, etc.																													
City & State Bartow FL Zip 33830 Country		City & State Bartow FL Zip 33830 Country																													
4. FEI Number 20-3661921		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04082006 Chg-P CR2E034 (11/05)																													
6. Name and Address of Current Registered Agent JONES, BENJAMIN 211 SHANKIN RD BARTOW, FL 33830 345 1/2 W parker Bartow FL 33830		7. Name and Address of New Registered Agent Name BENJAMIN JONES Street Address (P.O. Box Number is Not Acceptable) 345 1/2 W parker City Bartow FL Zip Code 33830																													
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 Benjamin Jones Ben Jones 4-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P/D <input type="checkbox"/> Delete JONES, BENJAMIN 211 SHANKIN RD 345 1/2 W parker BARTOW, FL 33830 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete JONES, BENJAMIN 211 SHANKIN RD 345 1/2 W parker BARTOW, FL 33830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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 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: <u>Benjamin Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															