

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90030 001 ***150.00

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Entity Name
M BENTON ENTERPRISES, INC.



Principal Place of Business
439 SE PORT ST. LUCIE BLVD
115
PORT ST. LUCIE, FL 34984

Mailing Address
439 SE PORT ST. LUCIE BLVD
115
PORT ST. LUCIE, FL 34984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

566 SW Butler Ave

Suite, Apt. #, etc.

566 SW Butler Ave

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip
34983

Country
St. Lucie

Zip
34983

Country
St. Lucie

02082006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-4003302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENTON, MARK
439 SE PORT ST. LUCIE BLVD
115
PORT ST. LUCIE, FL 34984

Name

Street Address (P.O. Box Number is Not Acceptable)

566 SW Butler Ave

City

Port St. Lucie

FL

Zip Code

34983

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BENTON, MARK
439 SE PORT ST. LUCIE BLVD #115
PORT ST. LUCIE, FL 34984

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
566 SW Butler Ave
Port St. Lucie, FL 34983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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NAME
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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: Mark S. Benton Mark S. Benton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-06 772-263-3235

Date

Daytime Phone #