

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90115 018 ***150.00

DOCUMENT # P06000036879 1. Entity Name BENTLEY CONTRACTING, INC.			
Principal Place of Business P.O. BOX 196579 WINTER SPRINGS, FL 32719		Mailing Address P.O. BOX 196579 WINTER SPRINGS, FL 32719	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 14612 Corkwood Dr. City & State Tampa, FL Zip 33626		3. Mailing Address Suite, Apt. #, etc. 14612 Corkwood Dr. City & State Tampa FL Zip 33626	
4. FEI Number 86-1163276		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENTLEY, MATTHEW 7845 MARGATE WAY LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name Matthew Bentley Street Address (P.O. Box Number is Not Acceptable) 14612 Corkwood Ave City Tampa FL Zip Code 33626	
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 <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, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, BETH P.O. BOX 196579 WINTER SPRINGS, FL 32719	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bentley, Beth 14612 Corkwood Dr. Tampa, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, MATTHEW P.O. BOX 196579 WINTER SPRINGS, FL 32719	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bentley, Matthew 14612 Corkwood Dr. Tampa, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		04-29-07 813-758-4792	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	