


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90046 036 \*\*\*150.00

<b>DOCUMENT # P92000006421</b>					
1. Entity Name <b>BENDER AIRCRAFT PARTS, INC.</b>					
Principal Place of Business <b>190 PIPER BOULEVARD DAYTONA BEACH FL 32128 US</b>			Mailing Address <b>190 PIPER BOULEVARD DAYTONA BEACH FL 32128 US</b>		
2. Principal Place of Business <b>190 PIPER BOULEVARD</b> Suite, Apt. #, etc.			3. Mailing Address <b>190 PIPER BOULEVARD</b> Suite, Apt. #, etc.		
City & State <b>PORT ORANGE FL</b>		City & State <b>PORT ORANGE FL</b>		4. FEI Number <b>65-0383359</b>	
Zip <b>32128-7091</b>	Country <b>USA</b>	Zip <b>32128-7091</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BENDER, MARGARET J 1928 SPRUCE CREEK LANDING DAYTONA BEACH FL 32128</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BENDER, MARGARET J 1928 SPRUCE CREEK LANDING DAYTONA BEACH FL 32128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD BENDER, MARGARET J 1928 SPRUCE CREEK LANDING PORT ORANGE FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OLSON, LISA B 6451 LONGLAKE DRIVE PORT ORANGE FL 32128 <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	P BENDER, MARK T 1903 WHISPERWOOD WAY PORT ORANGE FL 32128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENDER, MARK T 6758 FERRI CIRCLE PORT ORANGE FL 32128 <input checked="" 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	
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Lisa Olson*

**LISA OLSON/STD**

**01/26/05 (386) 304-6605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #