


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P93000052783</b> 1. Entity Name <b>BENTWOOD FARMS, INC.</b>	
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Principal Place of Business <b>125 S. GILLEY RD.</b> <b>MONTICELLO FL 32344-9514</b>	Mailing Address <b>125 S. GILLEY RD.</b> <b>MONTICELLO FL 32344-9514</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-3197515</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>HANSEN, JEFF</b> <b>125 S. GILLEY RD.</b> <b>MONTICELLO FL 32344-9514</b>		

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		State: <b>FL</b> Zip Code
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	P HANSEN, JEFFERY M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000696473 04/17/07-80101-013 150.00
NAME	125 S. GILLEY RD.	NAME	
STREET ADDRESS	MONTICELLO FL 32344-9514	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	VTS HANSEN, CYRSTAL K	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 S. GILLEY RD.	NAME	
STREET ADDRESS	MONTICELLO FL 32344-9514	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffery M. Hansen **Jeffery M. Hansen** 4/5/07 850-997-6287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #