2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
03-25-2005 90042 026 ***150.00

DOCUMENT # P94000026389

1. Entity Name
BEN-GLENN, INC.

66012031

03212005 Chg-P CR2E034 (10/03)

Principal Place of Business
~~11301 US 19~~
~~PORT RICHEY, FL 34668~~ US

Mailing Address
~~11301 US 19~~
PORT ~~RICHEY, FL 34668~~ US
3073 DELTONA BLVD
Spring HILL FL 34606

2. Principal Place of Business	3. Mailing Address
	3073 DELTONA BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SPRING HILL FLA.
Zip / Country	Zip 34606 / Country

4. FEI Number 59-3234253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NIRO, BERARDINO
9226 RAINBOW LANE
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	☐ Delete
NAME	BERMEL, HOWARD	
STREET ADDRESS	3001 DELTONA BLVD	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	TD	☐ Delete
NAME	NIRO, BERARDINO	
STREET ADDRESS	9226 RAINBOW LANE	
CITY-ST-ZIP	PORT RICHEY, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: [signature] TREASURER 3-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #