## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000066700

1. Entity Name

BENITO ADVERTISING AGENCY, INC.



Principal Place of Business

**400 NORTH ASHLEY DRIVE** 

SUITE 2020

TAMPA, FL 33602 U

Mailing Address

P.O. BOX 1628

PARKERSBURG, WV 26102



04022007

No Chg-P

CR2E034 (11/05)

FILED

Apr 23, 2007 08:00 AM Secretary of State

4. FEI Number 55-0736886

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MINNERLY, MARCY 400 NORTH ASHLEY DRIVE SUITE 2020 TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000728195 05/07/07-80007±0161150.00	
10.	OFFICERS AND DIREC	TORS .		to a set.	The first of the second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FAHLGREN, H. SMOOT 418 GRAND PARK DR STE 321 PARKERSBURG, WV 26101		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRONGOWSKI, STEVE 585 S. FRONT ST STE 300 COLUMBUS, OH 432165003					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLBERT, BRENT L S 250 OLD WILSON BRIDGE RD., SUITE 250 COLUMBUS, OH 430850800			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LESSIG, C. RENEE 418 GRAND PARK DR STE 321 PARKERSBURG, WV 26101					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUPTILL, PETER 400 N ASHLEY DRIVE STE2020 TAMPA, FL 33602					
TITLE NAME STREET ADDRESS	·					

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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIM

C. Renee Lessio

4/10/07 304-424-3591