

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000066700**

1. Entity Name  
**BENITO ADVERTISING AGENCY, INC.**



Principal Place of Business  
**400 NORTH ASHLEY DRIVE  
SUITE 2020  
TAMPA, FL 33602 US**

Mailing Address  
**P.O. BOX 1628  
PARKERSBURG, WV 26102**



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	FAHLGREN, H. SMOOT
STREET ADDRESS	418 GRAND PARK DR STE 321
CITY-ST-ZIP	PARKERSBURG, WV 26101
TITLE	PD
NAME	DRONGOWSKI, STEVE
STREET ADDRESS	585 S. FRONT ST STE 300
CITY-ST-ZIP	COLUMBUS, OH 432165003
TITLE	STD
NAME	HOLBERT, BRENT L
STREET ADDRESS	250 OLD WILSON BRIDGE RD., SUITE 250
CITY-ST-ZIP	COLUMBUS, OH 430850800
TITLE	V
NAME	LESSIG, C. RENEE
STREET ADDRESS	418 GRAND PARK DR STE 321
CITY-ST-ZIP	PARKERSBURG, WV 26101
TITLE	V
NAME	GUPTILL, PETER
STREET ADDRESS	400 N ASHLEY DRIVE STE2020
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000928208  
05/21/08-80019-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. Renee Lessig** 4/17/08 304-424-3591

Date

Daytime Phone