

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # P94000082862**

1. Entity Name  
B.L. BENNETT UTILITIES, INC.



Principal Place of Business  
2735 ALLEN HILL AVENUE  
MELBOURNE, FL 32940

Mailing Address  
2735 ALLEN HILL AVENUE  
MELBOURNE, FL 32940



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BENNETT, BARRY L  
2735 ALLEN HILL AVENUE  
MELBOURNE, FL 32940

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required upon reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 D  
NAME BENNETT, BARRY L  
STREET ADDRESS 265 OCEAN RESIDENCE CT.  
CITY-ST-ZIP SATELLITE BEACH, FL 32937

00000177193  
01/11/05-80027-010 150.00

TITLE  
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/04 321-259-5330  
Date Daytime Phone #