

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90047 024 \*\*\*150.00

**DOCUMENT # P95000017789**

1. Entity Name  
**BEHNKE & ASSOCIATES, INC.**



Principal Place of Business  
**6565 TAFT ST.  
SUITE 104  
HOLLYWOOD, FL 33024**

Mailing Address  
**6565 TAFT ST.  
SUITE 104  
HOLLYWOOD, FL 33024**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0563274**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**GLASSMAN, LEE D ESQUIRE  
1133 SOUTH UNIVERSITY DRIVE  
211  
PLANTATION, FL 33324**

**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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BEHNKE, FRED  
6565 TAFT ST STE 104  
HOLLYWOOD, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MELTZER, STEWART  
6565 TAFT ST STE 104  
HOLLYWOOD, FL 33024**

**DELETE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
INTRACASO, MARK  
6565 TAFT ST., STE 104  
HOLLYWOOD, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MCFADDEN, GENE  
6565 TAFT ST STE #104  
HOLLYWOOD, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SCOTT, KINZEL C  
6565 TAFT ST, STE #104  
HOLLYWOOD, FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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, the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/05**

Date

**954962 8014**

Daytime Phone #