


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90105 040 ***150.00

| | |
|--|---|
| DOCUMENT # P95000036977 1. Entity Name BENNERS CARPENTRY, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 128 MEADOW LARK MONTICELLO, FL 32344 | Mailing Address 128 MEADOW LARK MONTICELLO, FL 32344 |
|--|--|

DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3312863 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**BENNERS, WILLIAM S
128 MEADOW LARK
MONTICELLO, FL 32344**

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BENNERS, WILLIAM S 129 MEADOW LARK MONTICELLO, FL 32344 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C BENNERS, BRAD S 128 MEADOW LARK MONTICELLO, FL 32344 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BENNERS, ELIZABETH 128 MEADOW LARK MONTICELLO, FL 32344 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 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: William S. Benner **4/20/08** **850-545-4028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #