


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90091 049 ***150.00

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

DO NOT WRITE IN THIS SPACE

90077052

2. Principal Place of Business 128 MEADOWLARK	3. Mailing Address 128 MEADOWLARK
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MONTICELLO, FL	City & State MONTICELLO, FL	4. FEI Number 59-33-12863	Applied For <input type="checkbox"/> Not Applicable
Zip 32344	Country	Zip 32344	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name WILLIAM S. BENNERS	
Street Address (P.O. Box Number is Not Acceptable) 128 MEADOWLARK	
MONTICELLO	FL 32344

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 when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME WILLIAM S. BENNERS	TITLE	
STREET ADDRESS 128 MEADOWLARK	STREET ADDRESS	NAME	
CITY-ST-ZIP MONTICELLO, FL 32344	CITY-ST-ZIP	STREET ADDRESS	
TITLE CHAIRMAN	NAME BROD S. BENNERS	TITLE	
STREET ADDRESS 128 MEADOWLARK	STREET ADDRESS	NAME	
CITY-ST-ZIP MONTICELLO, FL 32344	CITY-ST-ZIP	STREET ADDRESS	
TITLE VICE PRESIDENT	NAME ELIZABETH BENNERS	TITLE	
STREET ADDRESS 128 MEADOWLARK	STREET ADDRESS	NAME	
CITY-ST-ZIP MONTICELLO, FL 32344	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS	NAME		
CITY-ST-ZIP	STREET ADDRESS		
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STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William S. Benners* **4/3/03** **850-545-4028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)