## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P96000045029 04-29-2005 90205 025 \*\*\*158.75 1. Entity Name BENDER FERTILIZER EXCHANGE, INC. Principal Place of Business Mailing Address 40010040 307 SOUTH EVERS ST POST OFFICE BOX 717 PLANT CITY, FL-33566... US PLANT CITY, FL 33564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3385521 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENDER, ANDREW H Street Address (P.O. Box Number is Not Acceptable) 307 SOUTH EVERS ST PLANT CITY, FL 33566 City Zip Code FI 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition BENDER, ANDREW H NAME NAME 1104 WEST CHERRY STREET STREET ADDRESS STREET ADDRESS PLANT CITY, FL 33566 CITY-ST-ZIP CITY-ST-ZIP **X** Addition TITLE ☐ Change TITLE ☐ Delete Bender Shelby R. Street Bender, Shelby NAME NAME STREET ADDRESS STREET ADDRESS Plant (ity FL 33563-2218 CITY-ST-ZIP CITY-ST-ZIP <del>2218</del> ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**