

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000002166

1. Entity Name
BENT TRUCKING INC.



Principal Place of Business
1764 CAMBRIDGE VILLAGE COURT
OCOEE, FL 34761

Mailing Address
1764 CAMBRIDGE VILLAGE COURT
OCOEE, FL 34761 US

DO NOT WRITE IN THIS SPACE

**FILED
May 15, 2006 8:00 am
Secretary of State**

04-26-2006 90179 006 ***150.00

DUVAT



01032006 No Chg/P CR2E034 (11/05)

| | |
|----------------------------------|--|
| 4. FEI Number 59-3422349 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BENT, LYNDON C
1764 CAMBRIDGE VILLAGE COURT
OCOEE, FL 34761

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BENT, LYNDON C
STREET ADDRESS: 435 WYMORE RD, SUITE 202
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Lydon Bent

5/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #