## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P97000043391 1. Entity Name 04-05-2004 90021 035 \*\*\*150.00 BENRICH CORPORATION Principal Place of Business 6500-C 14TH STREET W BRADENTON FL 34207 6500-C 14TH STREET W **BRADENTON FL 34207** US 3. Mailing Address 6650 CORTEZ Rd, W. Suite, Apt. #, etc. 2. Principal Place of Business 6650 CORTEZ Rd. W. CR2E034 (11/03) 4. FEI Number 65-0752233 Applied For City & State City & State BRAIENTON, FLORIDA Not Applicable BRADENTON 5. Certificate of Status Desired 34210-2600 MANATEE 34210-2600 MANATEE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TALLANT, FRANCIS R JR Street Address (P.O. Box Number is Not Acceptable) 6500-C 14TH STREET W BRADENTON FL 34207 6650 CORTEZ Rd. W. Zio Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change Addition TITLE TITLE ☐ Delete TALLANT, FRANCIS R NAME NAME STREET ADDRESS 6650 CORTEZ ROAD WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

**FILED** 

941-792-0100