2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed or on an attachment with an address, with

SIGNATURĚ

Jan 26, 2005 08:00 AM DOCUMENT # P97000043391 **Secretary of State** 1. Entity Name BENRICH CORPORATION Principal Place of Business Mailing Address 6650 CORTEZ RD WD BRADENTON FL 34210-2600 6650 CORTEZ RD WD BRADENTON FL 34210-2600 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0752233 Not Applicab! Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TALLANT, FRANCIS R JR Street Address (P.O. Box Number is Not Acceptable) 6650 CORTEZ RD WD **BRADENTON FL 34210** City Zio Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addilic DILE HILL Change U00000136300 HUGHES, RICHARD T NAME NAME 01/28/05-80054-018 150.00 STREET ADDRESS 6650 CORTEZ ROAD WEST STREET ADDRESS BRADENTON FL 34210 CITY-ST-ZIP City-St-ZIP DILE ☐ Delete IIII Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHTY-ST-ZIP HIGE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CELY - 51 - ZIP TITLE Delete HHÉ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST- LIP THLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CUIV-SE-ZIP me ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS LIREET ADDRESS CHY-SI-7P CITY ST-712 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

R. T. HUCHES

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