

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000010031

1. Entity Name
BEND-MASTER, INC.



Principal Place of Business
**3000-15 NW 25TH AVE
POMPANO BEACH, FL 33069**

Mailing Address

**3000-15 NW 25TH AVE
POMPANO BEACH, FL 33069**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0809316

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**APPLEGATE, EDWARD
1461 SW 12 AVE # D
POMPANO BEACH, FL 33069**

Name **APPLEGATE, EDWARD**

Street Address (P.O. Box Number is Not Acceptable)

3000-15 NW 25TH AVE

City

CORAL SPRINGS

FL Zip Code
33069

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 renewing)

1/1/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

EDWARD

APPLEGATE, EDWARD

1461 SW 12 AVE # D

POMPANO BEACH, FL 33069

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

EDWARD

APPLEGATE

3000-15 NW 25TH AVE

POMPANO BEACH, FL 33069

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

RON ASKIN

VP, S.D.

RON ASKIN

3166 NW 114 AVE

CORAL SPRINGS, FL 33065

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

RON ASKIN

RON ASKIN

3166 NW 114 AVE

CORAL SPRINGS, FL 33065

Change Addition

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:

Ron Askin

1/1/07

954-941-9990

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR