

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90024 043 ***150.00

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03132005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000039210 1. Entity Name BENNER PAINTING, INC.					
Principal Place of Business 3810 SAIL DR NEW PORT RICHEY, FL 34652			Mailing Address 3810 SAIL DR NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 2028 OSWEGO DR Suite, Apt. #, etc.		3. Mailing Address 2028 OSWEGO DR Suite, Apt. #, etc.			
City & State HOLBROOK FL Zip 34691		City & State HOLBROOK FL Zip 34691		4. FEI Number 59-3507980	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BENNER, STEPHEN 3810 SAIL DR NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2028 OSWEGO DR. City HOLBROOK FL Zip Code 34691		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BENNER, STEPHEN C STREET ADDRESS 3810 SAIL DR CITY-ST-ZIP NEW PORT RICHEY, FL 34652			<input type="checkbox"/> Delete		
TITLE T NAME BENNER, IRAN STREET ADDRESS 7514 HIGHWATER DRIVE, APT. B-4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Steph Benner</u> Steph Benner 3/13/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					