

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000106609



1. City Name

BENNETT MANAGEMENT COMPANY, INC.

2. Principal Place of Business

4694 CARLTON DUNES DR., #3
AMELIA ISLANDS FL 32034

Mailing Address

4694 CARLTON DUNES DR., #3
AMELIA ISLANDS FL 32034



2. Principal Place of Business

3. Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4. State

City & State

4. FEI Number

59-3612945

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CRZE034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, WALTER A
4694 CARLTON DUNES DR
#3
FERNANDINA BEACH FL 32034

Name

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

City

FL

Zip Code

I, 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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ☐ Delete
BENNETT, WALTER A
4694 CARLTON DUNES DR., #3
AMELIA ISLANDS FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

D ☐ Delete
BENNETT, EDMOND C
234 MARSH LAKES DR.
FERNANDINA BEACH FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000396880 ☐ Change ☐ Add
01/30/06-80027-006 150.00

☐ Delete
ADDRESS
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Walter A. Bennett

1/19/06 912-729-7100