


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90230 002 ***150.00

DOCUMENT # S12004 1. Entity Name BENU SERVICE CO.	
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Principal Place of Business 223 S PARRAMORE AVE ORLANDO, FL 32805 US	Mailing Address 223 S PARRAMORE AVE ORLANDO, FL 32805 US
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14008350



04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3034927	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAGE, THOMAS M., SR.
4844 PAT ANN TR.
ORLANDO, FL 32808**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGE, THOMAS M., SR. 4844 PAT ANN TR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVENS, BILLY RAY 4010 FORD ST 219 S PARRAMORE AVE ORLANDO, FL 32805 Apt 5A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIE GRIFFIN 4010 FORD ST ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Thomas M Hage Jr. **THOMAS M HAGE JR** 04/25/05 407-423-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #