

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90105 005 ***150.00

DOCUMENT # V13574

1. Entity Name

BENTON DESIGN, INC.



Principal Place of Business

616 W CHASE ST
PENSACOLA FL 32501
US

Mailing Address

616 W CHASE ST
PENSACOLA FL 32501
US

2. Principal Place of Business

616 W CHASE ST.
Suite, Apt. #, etc.

3. Mailing Address

616 W. CHASE ST.
Suite, Apt. #, etc.

20034446



1st MOORE

CR2E034 (10/04)

City & State

PENSACOLA, FL
Zip 32502 Country USA

City & State

PENSACOLA, FL
Zip 32502 Country USA

4. FEI Number

59-3115033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAY, LOUIS F JR
236 W. GARDEN ST.
SUITE 3
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Allan Benton

(NOTE: Registered Agent signature required when reinstating)

3/14/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME BENTON, ALLAN
STREET ADDRESS 106 1/2 S. PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Allan Benton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/05

Daytime Phone #

850-433-9000