


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 857925
 1. Entity Name
BENCOR CORPORATION OF AMERICA-FOUNDATION SPECIALIST



Principal Place of Business PECIALIST 2315 SOUTHWELL RD. DALLAS, TX 75229	Mailing Address PECIALIST 2315 SOUTHWELL RD. DALLAS, TX 75229
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1477813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PICCAGLI, UGO 4511 HARRY'S LANE DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTARELLI, GIANCARLO 2315 SOUTHWELL RD DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PICCAGLI, LAWRENCE 2315 SOUTHWELL ROAD DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICCAGLI, UGO 4511 HARRY'S LANE DALLAS, TX 75229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEDLOCK, LINDA A. 3061 DOTHAN DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICCAGLI, MAX 2315 SOUTHWELL RD. DALLAS, TX 75229

U00000354136
 05/03/05-80095-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  UGO PICCAGLI 4-27-05 972-247-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #