2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 696825

1. Entity Name
BENCSIK ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2322 NE 29TH AVE OCALA, FL 34470--399	2322 NE 29TH AVE OCALA, FL 34470--399

08312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2152506
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEATHERLY, PAM
2322 NE 29TH AVE
OCALA, FL 34470--399

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BENCSIK, JANET
STREET ADDRESS	1801 S.W. 55TH LANE
CITY-ST-ZIP	OCALA, FL
TITLE	PD
NAME	BENCSIK, WILLIAM L.
STREET ADDRESS	1801 S.W. 55TH LANE
CITY-ST-ZIP	OCALA, FL
TITLE	S
NAME	LYNCH, LINDA
STREET ADDRESS	4918 SE 14TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	T
NAME	HEATHERLY, PAM
STREET ADDRESS	61 NW 56TH ST
CITY-ST-ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/17/04-80005-011 150.00

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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)(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: Janet Bencsik Janet Bencsik 9/15/04 352-732-7009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #