

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90040 002 ***150.00

DOCUMENT # F70365	
1. Entity Name BENCHMARK ERECTORS, INC.	

Principal Place of Business 433 OAK AVENUE PANAMA CITY FL 32401	Mailing Address P.O. BOX 698 PANAMA CITY FL 32402
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO. Box 2928 Suite, Apt. #, etc.
City & State	City & State Asheville, NC
Zip	Country 28802 Buncombe



MOORE CR2E034 (11/03)

4. FEI Number 59-2189219	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITTON, JEFFREY P 565 HARRISON AVE PANAMA CITY FL 32401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

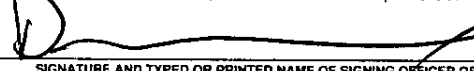
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCAWICH, DANIEL P.O. BOX 27473 PANAMA CITY FL 32444 FL 32411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PO. Box 2928 Asheville, NC. 28802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCAWICH, ALICIA J P.O. BOX 27473 PANAMA CITY FL 32444 FL 32411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PO. Box 2928 Asheville, NC. 28802
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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:  **DANIEL ROCAWICH 3-12-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

828-252-0277