

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007042

FILED
Apr 16, 2009
Secretary of State

Entity Name: BEN'S PLACE SERVICES INC.

Current Principal Place of Business:

4401 WESCONNETT
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4401 WESCONNETT
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 32-0122751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCFADDEN, MELODY
371662 HENRY SMITH RD
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCFADDEN, MELODY
Address: 371662 HENRY SMITH RD
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: TRAYNER, MAUREEN
Address: 548 NIGHTINGALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: HARPER, JAIME
Address: 4156 VENETIA BLVD.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D () Delete
Name: QUINN, THOMAS
Address: 12062 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: SHAY, BEN
Address: 371622 HENRY SMITH RD.
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: FAIRBAIRN, VENEESA
Address: 2141 LOCH RANE BLVD., STE 107
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLON, CASSIE
Address: 929 FOX CHAPEL LANE
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODY MCFADDEN

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date