2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State
05-10-2006 90105 005 ***150.00

DOCUMENT # P01000041583

1. Entity Name
MARIE J. BENOIT, P.A.

Principal Place of Business	Mailing Address
2516 SW 36TH LN CAPE CORAL, FL 33914	2516 SW 36TH LN CAPE CORAL, FL 33914

04162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1641 Edith Esplanade Suite, Apt. #, etc.	1641 Edith Esplanade Suite, Apt. #, etc.
City & State: Cape Coral	City & State: Cape Coral
Zip: 33904 Country:	Zip: 33904 Country:

4. FEI Number: 65-1099915 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BENOIT, MARIE J 2516 SW 36TH LANE CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1641 Edith Esplanade Cape Coral FL 33904	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/27/06 239-540-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #