


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000059817	
1. Entity Name JEFFREY L. BENOIT, PH.D., INC.	

Principal Place of Business 517 MAIN STREET CHATTAHOOCHEE, FL 32324	Meeting Address 517 MAIN STREET P.O. 294 CHATTAHOOCHEE, FL 32324
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DO NOT WRITE IN THIS SPACE



04242004 No Chg-P CR2E034 (10/03)

4. FCI Number 52-2371134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENOIT, JEFFREY L PH.D. 517 MAIN STREET CHATTAHOOCHEE, FL 32324	
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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 _____ <small>Signature, official or correct name of registered agent and how it appears. (NOTE: Registered Agent Signature required when re-appointing)</small>	DATE _____
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FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENOIT, JEFFREY L 517 MAIN STREET CHATTAHOOCHEE, FL 32324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENOIT, MARCIA N 517 MAIN STREET CHATTAHOOCHEE, FL 32324
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04/29/04-80162-020 151.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(c), 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 information.

SIGNATURE: <u><i>Jeffrey L. Benoit, Ph.D.</i></u>	Date: <u>4/27/04</u>	Registered Power: <u></u>
<small>SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR</small>		

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