2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 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

Mailing Address
517 MAIN STREET
P.O 294
CHATTAHOOCHEE, FL 32324

03182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2371134
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS [redacted]
After May 1, 2006 Fee will be $550.00

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

000000489017
04/17/06-80029-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENOIT, JEFFREY L
STREET ADDRESS	517 MAIN STREET
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324
TITLE	ST
NAME	BENOIT, MARCIA N
STREET ADDRESS	517 MAIN STREET
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY L. BENOIT, PH.D. 3/30/06 850 663 968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #