


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 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



01092008 No Chg-P CR2E034 (11/05)

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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 _____ 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, 2008 Fee will be \$550.00

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

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	

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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: Jeffrey L. Benoit, Ph.D. Date: 3/7/08 Daytime Phone #: 8506637807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR