

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095779

**FILED**  
**Apr 03, 2007**  
**Secretary of State**

**Entity Name:** WILLIAM STORY BENSON INC.

**Current Principal Place of Business:**

17217 BONITA LANE EAST  
SUGARLOAF SHORES, FL 33042

**New Principal Place of Business:**

17216 BONITA LANE EAST  
SUGARLOAF SHORES, FL 33042

**Current Mailing Address:**

17217 BONITA LANE EAST  
SUGARLOAF SHORES, FL 33042

**New Mailing Address:**

17216 BONITA LANE EAST  
SUGARLOAF SHORES, FL 33042

**FEI Number:** 43-2029374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENSON, WILLIAM STORY  
17217 BONITA LANE EAST  
SUGARLOAF SHORES, FL 33042 US

**Name and Address of New Registered Agent:**

BENSON, WILLIAM STORY  
17216 BONITA LANE EAST  
SUGARLOAF SHORES, FL 33042 US

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: WILLIAM STORY BENSON

04/03/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENSON, WILLIAM STORY  
Address: 17217 BONITA LANE EAST  
City-St-Zip: SUGARLOAF SHORES, FL 33042

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BENSON, WILLIAM STORY  
Address: 17216 BONITA LANE EAST  
City-St-Zip: SUGARLOAF SHORES, FL 33042

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S BENSON

PD

04/03/2007

Electronic Signature of Signing Officer or Director

Date