

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010054

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BENSERVCO BENEFITS, INC.

**Current Principal Place of Business:**

600 BYPASS DR SUITE 223C  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

600 BYPASS DR SUITE 223C  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 20-2029436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, EUGENE W  
600 BYPASS DR SUITE 223C  
CLEARWATER, FL 33764 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MOORE, EUGENE W  
Address: 600 BYPASS DR SUITE 223C  
City-St-Zip: CLEARWATER, FL 33764

Title: P ( ) Delete  
Name: DEEGAN, KALYN  
Address: 600 BYPASS DR SUITE 223C  
City-St-Zip: CLEARWATER, FL 33764

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

Title: P (X) Change ( ) Addition  
Name: MOORE, EUGENE W  
Address: 600 BYPASS DR SUITE 223C  
City-St-Zip: CLEARWATER, FL 33764

Title: S (X) Change ( ) Addition  
Name: DEEGAN, KALYN  
Address: 600 BYPASS DR SUITE 223C  
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify 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: KALYN DEEGAN

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04/22/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date