

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90354 021 ***150.00

DOCUMENT # P99000061254	
1. Entity Name BENCHMARK FINANCIAL SERVICES, INC.	

Principal Place of Business 2856 NE 32ND STREET LIGHTHOUSE POINT, FL 33064	Mailing Address 2856 NE 32ND STREET LIGHTHOUSE POINT, FL 33064
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2. Principal Place of Business 79 ISLAND DRIVE SOUTH	3. Mailing Address 79 ISLAND DRIVE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

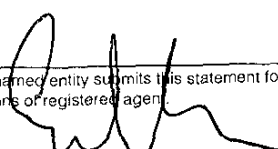
City & State OCEAN RIDGE, FL	City & State OCEAN RIDGE, FL
Zip 33435	Zip 33435
Country U.S.A.	Country U.S.A.



02232004 Chg-P CR2E034 (10/03)

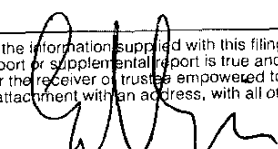
6. Name and Address of Current Registered Agent SIEDLE, EDWARD 2856 NE 32ND STREET LIGHTHOUSE POINT, FL 33064	
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7. Name and Address of New Registered Agent SIEDLE, EDWARD (same agent, different address) 79 ISLAND DRIVE SOUTH	
City OCEAN RIDGE, FL	Zip Code 33435

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 4-12-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE SIEDLE, EDWARD	☐ Change ☐ Addition
NAME SIEDLE, EDWARD		NAME	
STREET ADDRESS 2856 NE 32ND STREET		STREET ADDRESS	
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	EDWARD SIEDLE, PD Date 4-12-04 Daytime Phone (561) 733-9548