

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000003576

**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**5974739516CC**

**Entity Name:** BENSEN DAYS INCORPORATED

**Current Principal Place of Business:**

45 BREAM STREET  
HAINES CITY, FL 33844

**Current Mailing Address:**

45 BREAM ST  
HAINES CITY , FL 33844 US

**FEI Number:** 83-4377097

**Certificate of Status Desired:** No

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

BRUCE, CALLIE  
45 BREAM STREET  
HAINES CITY, FL 33844 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D, P  
Name            LEWIS, BRANDON S  
Address        10175 SW GREEN RIDGE LANE  
City-State-Zip: PALM CITY FL 34990

Title            D, VP  
Name            WILKINSON, JASON  
Address        4232 SUNRISE DR  
City-State-Zip: SEBRING FL 33872

Title            D ST  
Name            BRUCE, CALLIE  
Address        45 BREAM STREET  
City-State-Zip: HAINES CITY FL 33844

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CALLIE BRUCE

D ST

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date