


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 255887 1. Entity Name BENMIL INC	
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Principal Place of Business 108 HARBOR VIEW LN LARGO, FL 33770 US	Mailing Address 108 HARBOR VIEW LN LARGO, FL 33770 US
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DO NOT WRITE IN THIS SPACE



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1004420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BENJAMIN, MARK
108 HARBOR VIEW LN
LARGO, FL 33770

**DO NOT WRITE
IN THIS SPACE**

9. 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENJAMIN, JUDITH D 2942 BAYSHORE COURT TAMPA, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APPEL, CAREN B 8820 HOLBORN COURT JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENJAMIN, MARK D. 108 HARBOR VIEW LANE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

000007480583
03/20/06-80014-008 150.00

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:  **3/5/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #