


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90071 021 \*\*\*150.00

<b>DOCUMENT # 291864</b> 1. Entity Name <b>BENFIELD INC</b>	
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Principal Place of Business <b>2340 DAVIS BLVD NAPLES, FL 34104 US</b>	Mailing Address <b>2340 DAVIS BLVD NAPLES, FL 34104 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1148073</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**TEACH, CAROLYN H.  
2550 70TH ST. SW  
NAPLES, FL 34105**

**DO NOT WRITE  
IN THIS SPACE**

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 said entity.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENFIELD, CLYDE R 2775 10TH ST. S.W. NAPLES, FL <b>DECEASED</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENFIELD, MARK G. 2960 70TH ST., S.W. NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEACH, CAROLYN H. 2550 70TH ST SW NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENFIELD, SHELLY L 2960 10TH ST SW NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *CT Teach* **4-1-08** **239-774-5255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #