


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 316993		
1. Entity Name BENCHMARK FURNITURE INCORPORATED		
Principal Place of Business 2025 JERNIGAN RD JACKSONVILLE, FL 32207 US		Mailing Address 3139 PHILIPS HWY JACKSONVILLE, FL 32207 US
DO NOT WRITE IN THIS SPACE		
		04142004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1165133
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HUGO, RICHARD A 3139 PHILIPS HWY JACKSONVILLE, FL 32207		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 registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD HUGO, RICHARD A 3139 PHILIPS HWY JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUGO, KATHLEEN J 3139 PHILIPS HWY JACKSONVILLE, FL 32207	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, without other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-19-04 904-396-2233 <small>Date Daytime Phone #</small>