FILED
Apr 28, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 316993

1. Entity Name
BENCHMARK FURNITURE INCORPORATED

Principal Place of Business	Mailing Address
2025 JERNIGAN RD JACKSONVILLE, FL 32207 US	3139 PHILIPS HWY JACKSONVILLE, FL 32207 US

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1165133

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$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: _____ (Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

000000337804
04/28/05-80012-004 150.00

10. OFFICERS AND DIRECTOR(S)

TITLE	PVD
NAME	HUGO, RICHARD A
STREET ADDRESS	3139 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	STD
NAME	HUGO, KATHLEEN J
STREET ADDRESS	3139 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ Pres 4/25/05 (904)396-2233
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (PRESIDENT OR DIRECTOR) Date Daytime Phone #