

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 491372**

1. Entity Name

**BEN'S AUTO MARINE SUPPLY, INC.**



Principal Place of Business

**132 S SEGRAVE AVENUE  
DAYTONA BEACH, FL 32114-4225**

Mailing Address

**132 S SEGRAVE AVENUE  
DAYTONA BEACH, FL 32114-4225**



02252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1635448**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EMERSON, DENNIS V.  
937 DUNCAN RD  
SOUTH DAYTONA, FL 32119**

**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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
EMERSON, DOUGLAS E  
296 WILDWOOD LN  
ORMOND BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CEO  
EMERSON, DENNIS V  
937 DUNCAN RD  
S DAYTONA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
EMERSON, RICHARD D  
230 TREELINE LN.  
ORMOND BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
EMERSON, TRENT  
6120 SABLE POINT CIR.  
PORT ORANGE, FL 32128**

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:**

*Dennis V. Emerson*  
**Dennis V Emerson**

**4-6-04**

Date

**386.252.3817**

Daytime Phone #