

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 APR 14 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252008 Chg-P CR2E034 (12/06)

4. FEI Number **59-1904041** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENSON, WILLIAM
175 OVERSEAS HIGHWAY
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name **Sarah Benson**

Street Address (P.O. Box Number is Not Acceptable)

175 Overseas Hwy

City **Key West**

FL Zip Code **33040**

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 **Sarah S Benson** President/Sec. **3/31/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE PT ☒ Delete
NAME BENSON, WILLIAM
STREET ADDRESS 175 OVERSEAS HIGHWAY
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VS ☒ Delete
NAME BENSON, SARAH
STREET ADDRESS 175 OVERSEAS HIGHWAY
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☒ Change ☐ Addition
NAME Sarah Benson
STREET ADDRESS 175 OVERSEAS HWY
CITY-ST-ZIP KEY WEST, FL 33040

TITLE V ☐ Change ☒ Addition
NAME Julian S. BENSON
STREET ADDRESS 175 OVERSEAS HWY
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VT ☐ Change ☒ Addition
NAME William S. BENSON
STREET ADDRESS 175 OVERSEAS HWY
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600123951116
STREET ADDRESS 04/18/08--01004--009 **70.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 info empowered.

SIGNATURE: **Sarah S Benson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08 305-296-3940
Date Daytime Phone #