

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 617233

Entity Name: WILLIAM BENSON, INC.

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

175 OVERSEAS HIGHWAY  
KEY WEST, FL 33040

## **New Principal Place of Business:**

## **Current Mailing Address:**

175 OVERSEAS HIGHWAY  
KEY WEST, FL 33040

## **New Mailing Address:**

FEI Number: 59-1904041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BENSON, SARAH  
175 OVERSEAS HIGHWAY  
KEY WEST, FL 33040 US

## **Name and Address of New Registered Agent:**

BENSON, WILLIAM N  
175 OVERSEAS HIGHWAY  
KEY WEST, FL 33040 US

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.

SIGNATURE: WILLIAM N BENSON

02/23/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: BENSON, SARAH  
Address: 175 OVERSEAS HIGHWAY  
City-St-Zip: KEY WEST, FL 33040 US

Title: V ( ) Delete  
Name: BENSON, JULIAN S  
Address: 175 OVERSEAS HIGHWAY  
City-St-Zip: KEY WEST, FL 33040 US

Title: VT ( ) Delete  
Name: BENSON, WILLIAM S  
Address: 175 OVERSEAS HIGHWAY  
City-St-Zip: KEY WEST, FL 33040 US

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: BENSON, WILLIAM N  
Address: 175 OVERSEAS HIGHWAY  
City-St-Zip: KEY WEST, FL 33040 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM N BENSON

PS

02/23/2009

Electronic Signature of Signing Officer or Director

Date