

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 OCT 22 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000006676



1. Entity Name
BENCHMARK DEVELOPMENT PA, INC.

Principal Place of Business
1929 MISSISSIPPI AVE
ENGLEWOOD, FL 34224

Mailing Address
1929 MISSISSIPPI AVE
ENGLEWOOD, FL 34224



2. Principal Place of Business - No P.O. Box #
9203 BRIGGS Road
Suite, Apt #, etc
Unit D-301

3. Mailing Address
P.O. Box 887
Suite, Apt #, etc

10162008 Chg-P CR2E034 (12/06)

City & State
Englewood FL
Zip Country
34224 USA

City & State
Placida FL
Zip Country
33946 USA

4. FEI Number
23-2652804
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWAN, LAWRENCE
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Diane Bumba

9-30-08

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD DIRECTOR
BZURA, RALF L
1929 MISSISSIPPI AVE
ENGLEWOOD, FL 34224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Diane Bumba
8330 Manasota Key Road
Englewood FL 34223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600136669656
10/10/08-01026-005 ***35.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
10/10/08-01026-004 ***35.00

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

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

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

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 like empowered.

SIGNATURE: Diane Bumba

9-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Theris