

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90033 034 \*\*\*150.00

**DOCUMENT # F70365**

1. Entity Name

BENCHMARK ERECTORS, INC.



Principal Place of Business

32 SUMMERHILL DR  
ASHEVILLE NC 28804

Mailing Address

P.O. BOX 2928  
ASHEVILLE NC 28802



2. Principal Place of Business - No P.O. Box #

4589 Woodville Hwy

Suite, Apt., #, etc.

Tallahassee FL

City & State

32305

Zip

Country

USA

3. Mailing Address

400 Capital Cir. SE

Suite, Apt., #, etc.

Suite 18-176

City & State

Tallahassee FL

Zip

32301

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-2189219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

WHITTON, JEFFREY P  
565 HARRISON AVE  
PANAMA CITY FL 32401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ROCAWICH, DANIEL  
STREET ADDRESS P.O. BOX 2928  
CITY- ST- ZIP ASHEVILLE NC 28802

TITLE P ☒ Delete  
NAME ROCAWICH, ALICIA J  
STREET ADDRESS P.O. BOX 2928  
CITY- ST- ZIP ASHEVILLE NC 28802

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 P. Rocaawich DADIEC ☒ Change ☐ Addition  
NAME 400 Capital Cir. SE. Suite 18-176  
STREET ADDRESS Tallahassee FL 32301  
CITY- ST- ZIP

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

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

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Section 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:

*Daniel Rocaawich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-07 850-624-8026