

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000006663**

1. Entity Name  
**BENCHMARK JACKSONVILLE PROPERTIES, INC.**



Principal Place of Business  
**4053 MAPLE RD  
AMHERST, NY 14226**

Mailing Address  
**4053 MAPLE RD  
AMHERST, NY 14226**



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1513459**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CS
NAME	GELLMAN, ARTHUR M
STREET ADDRESS	4053 MAPLE RD
CITY - ST - ZIP	AMHERST, NY 14226

TITLE	PD
NAME	NARINS, CLARKE H
STREET ADDRESS	4053 MAPLE RD
CITY - ST - ZIP	AMHERST, NY 14226

TITLE	VTD
NAME	GELLMAN, GEORGE I
STREET ADDRESS	4053 MAPLE RD
CITY - ST - ZIP	AMHERST, NY 14226

TITLE	VAT
NAME	LONGO, STEVEN J
STREET ADDRESS	4053 MAPLE RD
CITY - ST - ZIP	AMHERST, NY 14226

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/17/06-80080-024 150.00

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IN THIS SPACE**

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: Steven J. Longo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven J. Longo**  
**Vice President** 4/29/06 (716) 833-4981  
Date Daytime Phone #