## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2006 8:00 am **Secretary of State** DOCUMENT # F9800000234 02-02-2006 90031 041 \*\*\*150.00 BENSON CONSTRUCTION COMPANY Principal Place of Business Mailing Address 3709 US HWY 82 WEST 3709 US HWY 82 WEST TIFTON, GA 31794 TIFTON, GA 31794 2. Principal Place of Business 3. Mailing Address 197 Vanceville ( Suite, Apt. #, etc. Suite, Apt. #, etc. 01292006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 58-2055547 Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired T1 F + Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENSON, HAROLD Street Address (P.O. Box Number is Not Acceptable) 1591 SOUTH FISKE BLVD ROCKLEDGE, FL 32955 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PCD Delete TITLE ☐ Change Addition BENSON, HAROLD NAME NAME STREET ADDRESS 3709 US HWY 82 W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TIFTON, GA 31794** ☐ Change ■ Addition ☐ Delete TITLE TITLE BENSON, JIMMY NAME NAME STREET ADDRESS STREET ADDRESS 3709 US HWY 82 W CITY-ST-ZIP TIFTON, GA CITY-ST-ZIP VSTD TITLE ☐ Delete TITLE Change Addition BENSON, SUE NAME NAME 3709 HWY 82 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TIFTON, GA 31794 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:** 

SIGNING OFFICER OR DIRECTOR

FILED