

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # F99000001405

1. Entity Name
BENCHMARK DAVIE PROPERTIES, INC.



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

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



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1564143

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**

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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

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**

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	CS GELLMAN, ARTHUR M 4053 MAPLE RD. AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NARINS, CLARKE H 4053 MAPLE RD. AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GELLMAN, GEORGE I 4053 MAPLE RD. AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT LONGO, STEVEN J 4053 MAPLE RD. AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

**Steven J. Longo
Vice President**

Daytime Phone #