

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # H19646

1. Entity Name
BENTON LAND SURVEYING & ASSOCIATES, INC.



Principal Place of Business
**1408 SE 17TH AVE
STE C
CAPE CORAL, FL 33990**

Mailing Address
**1408 SE 17TH AVE
STE C
CAPE CORAL, FL 33990**



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2502740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALMEIDA, VERA S
1408 SE 17TH AVE
STE C
CAPE CORAL, FL 33990**

**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, 2007 Fee will be \$550.00**

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

UN00000694864
04/17/07-80037-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ALMEIDA, VERA
STREET ADDRESS	1832 BOLADO PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	VP
NAME	DEGRAFF, CHARLES L
STREET ADDRESS	3774 PINETREE DRIVE
CITY-ST-ZIP	ST JAMES CITY, FL 33956
TITLE	SEC
NAME	ALMEIDA, SR., DENNIS W
STREET ADDRESS	1832 BOLADO PKWY
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	TR
NAME	ALMEIDA, JR, DENNIS W
STREET ADDRESS	132 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Vera S. Almeida Vera S. Almeida 3/21/07 239-574-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #