

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90081 004 ***150.00

DOCUMENT # H72790

1. Entity Name
EDMUND F. BENSON & ASSOCIATES, INC.



Principal Place of Business
**4001 EDMUND F. BENSON BLVD.
MIAMI, FL 33178-9384**

Mailing Address
**243 HONEYSUCKLE DR.
JUPITER, FL 33458**

2. Principal Place of Business - No P.O. Box #
824 US HIGHWAY 1
Suite, Apt. #, etc.
240

3. Mailing Address
824 US HIGHWAY 1
Suite, Apt. #, etc.
240

City & State
NORTH PALM BEACH, FL

City & State
NORTH PALM BEACH, FL

Zip
33408

Country
USA

Zip
33408

Country
USA

40008223



01072008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2577583

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENSON, EDMUND
243 HONEYSUCKLE DRIVE
JUPITER, FL 33485

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENSON, EDMUND 243 HONEYSUCKLE DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BENSON, SUSAN 243 HONEYSUCKLE DRIVE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08 561-630-2021
Date Daytime Phone #