


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # H80439 1. Entity Name S.J. BENSON & ASSOCIATES, INC. |  |
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|--|--|
| Principal Place of Business 174 WEST COMSTOCK AVE. WINTER PARK, FL 32789 | Mailing Address 174 WEST COMSTOCK AVE. WINTER PARK, FL 32789 |
|--|--|

DO NOT WRITE IN THIS SPACE



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|----------------------------------|--|-----------------|
| 07012004 | No Chg-P | CR2E034 (10/03) |
| 4. FEI Number 65-0034835 | Applied For Not Applicable | |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BENSON, SAMUEL
174 WEST COMSTOCK AVE.
WINTER PARK, FL 32789

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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 \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BENSON, SAMUEL 174 WEST COMSTOCK AVE. WINTER PARK, FL 32789 |
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07/07/04-80019-015 558.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **7/2/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #