2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 A Secretary of State

DOCUMENT # H80439				}		Seci	retary of
1. Entity Nar S.J. BEN	ne ISON & ASSOCIATES, INC.			}			
				<u> </u>			
174 WEST C	ce of Business COMSTOCK AVE. RK, FL 32789	Mailing Address 174 WEST COMSTOCK AVE. WINTER PARK, FL 32789		}			
			{				
r	O NOT WRITE	CE	04192005 No Chg-P CR2E034 (10/03)				
_			4. FEI Number 65-0034835			Applied For Not Applicable	
			5. Certificate of Status Desired See Required				
	6. Name and Address of Current Re	egistered Agent	1				
BENSON, 174 WEST	SAMUEL FOMSTOCK AVE.	DO NOT WRITE					
WINTER PARK, FL 32789			IN THIS SPACE				
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Fic	rida. I am famili	ar with, and accept
SIGNATURE.							
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required					[DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 9. Election Campaign Finar Trust Fund Contribution. 		.00 May Be ed to Fees	U0000	0327428	116 150.00
10.	OFFICERS AND DI	RECTORS	1		<u> </u>	<u>) </u>	10 120 00
TITLE NAME	PD BENSON, SAMUEL		ł				
STREET ADDRESS CITY-ST-ZIP	174 WEST COMSTOCK AVE. WINTER PARK, FL 32789						
TITLE	ANTICKT AND, 12 02700		1				
NAME STREET ADDRESS			Į.				{
CITY-ST-ZIP			1				ļ
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CITY - ST - ZIP	<u> </u>		ł				}
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TITLE NAME			f				}
STREET ADDRESS			[
CITY -ST - ZIP	partifu that the information supplied with the	is filing does ont quality for the over	motion stated in Sec	ction 110 07/21	(i) Florida Statutes 1	further partifu the	at the information
12. I hereby certify that the information supplied with this filling 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 accurage and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver cycling empowered to execute this report are 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:					9/21/05	(407)6	291119
J. W. 1771							