

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J49541**

**1. Entity Name**  
**BENOIT, CHEPENIK & BENOIT, P.A.**



**Principal Place of Business**  
3030 HARTLEY ROAD  
SUITE 190  
JACKSONVILLE, FL 32257

**Mailing Address**  
3030 HARTLEY ROAD  
SUITE 190  
JACKSONVILLE, FL 32257



04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-2753077

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

BENOIT, DAVID A  
3030 HARTLEY RD #190  
JACKSONVILLE, FL 32257

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**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**

000000746984  
05/17/07-80007-019 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CD
<b>NAME</b>	BENOIT, RICHARD OVILA
<b>STREET ADDRESS</b>	2737 COVE VIEW DR S.
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32257
<b>TITLE</b>	STD
<b>NAME</b>	CHEPENIK, ALAN BARNETT
<b>STREET ADDRESS</b>	2647 FOREST POINT COURT
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32257
<b>TITLE</b>	PD
<b>NAME</b>	BENOIT, DAVID ANDRE
<b>STREET ADDRESS</b>	44283 WHISTLE STOP TRAIL
<b>CITY-ST-ZIP</b>	CALLAHAN, FL 32011
<b>TITLE</b>	VD
<b>NAME</b>	BENOIT, BRIAN R
<b>STREET ADDRESS</b>	5307 ROOKERY CT
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32257
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** DAVID BENOIT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07  
Date

(904) 288-9002  
Daytime Phone #