


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90448 039 ***150.00

DOCUMENT # J62142	
1. Entity Name W.H. BENSON & COMPANY	

Principal Place of Business 4031 DIXIE HIGHWAY, N.E. PALM BAY, FL 32905	Mailing Address 4031 US HWY ONE, NE PALM BAY, FL 32905 US
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2. Principal Place of Business - No P.O. Box # 4780 Dairy Rd	3. Mailing Address 4780 Dairy Rd
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103

City & State McLaurine, FL	City & State McLaurine, FL
Zip 32904	Country USA



04182007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2779011	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENSON, WILLIAM H 4031 US HWY ONE N.E. PALM BAY, FL 32905	
7. Name and Address of New Registered Agent Name William H. Benson Street Address (P.O. Box Number is Not Acceptable) 4780 Dairy Rd Ste 103 City McLaurine FL Zip Code 32904	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BENSON, WILLIAM H., III 370 HUNGRY ST NE PALM BAY, FL <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **William H. Benson** **4-18-07** **984 0992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #