2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # L40248 1. Entity Name 04-30-2004 90258 036 ***150.00 BENKER ENTERPRISES, INC. Principal Place of Business Mailing Address 2171 N GULF SHORE BLVD 2171 N GULF SHORE BLVD APT. 501 APT, 501 NAPLES FL 33940 NAPLES FL 33940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0167775 Not Applicable 34102 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENKER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2171 N GULF SHORE BLVD **APT 501** NAPLES FL 33940 City 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. Lam 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition BENKER, ROBERT NAME NAME 2171 N GULF SHRE BLD 501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL NOPLES-EL 34102 CITY-ST-ZIP TITLE PST ☐ Delete TITLE Change Addition NAME BENKER, ROBERT NAME STREET ADDRESS 2171 N GULF SHRE BLD 501 STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP JUL PRINTER BENKER JERRAY R BENKER 1550 SANDPIPERST TITLE ☐ Delete TITLE Change Addition NAME BENKER-J.R-NAME STREET ADDRESS 7680 CITRUS HILL LN STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

SIGNATURE