

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90071 023 ***150.00

DOCUMENT # P00000010085
 1. Entity Name
BENCHMARK TITLE SERVICES, INC.



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| Principal Place of Business 12428 SAN JOSE BOULEVARD SUITE 3 JACKSONVILLE, FL 32223 | Mailing Address 12428 SAN JOSE BOULEVARD SUITE 3 JACKSONVILLE, FL 32223 |
|--|--|



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3622573 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 KELLY, SHARON D
~~4063 JULINGTON CREEK ROAD~~ *12428 San Jose Blvd*
 JACKSONVILLE, FL 32223 *# 3*

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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: *Sharon D Kelly* DATE: *4-21-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D |
| NAME | KELLY, SHARON D |
| STREET ADDRESS | 4063 JULINGTON CREEK ROAD <i>12428 San Jose Blvd</i> |
| CITY-ST-ZIP | JACKSONVILLE, FL 32223 <i># 3</i> |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Sharon D Kelly* DATE: *4-21-07* DAYTIME PHONE #: *904-886-2715*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR