


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**


04-19-2004 90362 027 \*\*\*150.00

DOCUMENT # P0000024817  
 1. Entity Name  
 GARY P. BENJAMIN, P.A.



Principal Place of Business      Mailing Address  
 2991 DICK WILSON DR.      2991 DICK WILSON DR.  
 SARASOTA, FL 34240      SARASOTA, FL 34240

**DO NOT WRITE IN THIS SPACE**



03052004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0979969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARDELIS, NICHOLAS P JR.  
 2033 MAIN STREET  
 STE 502  
 SARASOTA, FL 34237

**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 *Gary P Benjamin* PA *Gary P Benjamin* President 5/11/04  
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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVTD BENJAMIN, GARY P 2991 DICK WILSON DR. SARASOTA, FL 34240 <i>Gary P Benjamin</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gary P Benjamin* President 5/11/04 941-730-3605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR      Date      Daytime Phone #