


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90354 012 ***150.00

DOCUMENT # P00000054152 1. Entity Name BENCHMARK ADVISORY SERVICES, INC.	
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Principal Place of Business 2856 NE 32ND STREET LIGHTHOUSE POINT, FL 33064	Mailing Address 2856 NE 32ND STREET LIGHTHOUSE POINT, FL 33064
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24048339



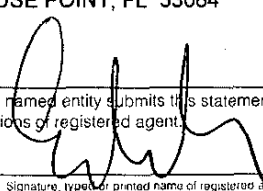
2. Principal Place of Business 79 ISLAND DRIVE SOUTH Suite, Apt. #, etc.	3. Mailing Address 79 ISLAND DRIVE SOUTH Suite, Apt. #, etc.
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02232004 Chg-P CR2E034 (10/03)

City & State OCEAN RIDGE, FL Zip 33435 Country U.S.A.	City & State OCEAN RIDGE, FL Zip 33435 Country U.S.A.
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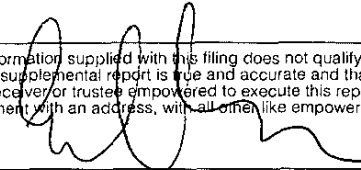
4. FEI Number 65-1028798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIEDLE, EDWARD 2856 NE 32ND STREET LIGHTHOUSE POINT, FL 33064	7. Name and Address of New Registered Agent Name SIEDLE, EDWARD (same agent, different address) Street Address (P.O. Box Number is Not Acceptable) 79 ISLAND DRIVE SOUTH City OCEAN RIDGE FL Zip 33435
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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 	DATE 4-12-04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD SIEDLE, EDWARD 2856 NE 32ND STREET LIGHTHOUSE POINT, FL 33064 <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 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.	SIGNATURE: 	EDWARD SIEDLE, PD	4-12-04 (561) 733-9548
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