

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000041583

Entity Name: MARIE J. BENOIT, P.A.

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4140 HORSE CREEK BLVD  
FORT MYERS, FL 33905

**New Principal Place of Business:**

3501 DEL PRADO BLVD S  
SUITE 302  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4140 HORSE CREEK BLVD  
FORT MYERS, FL 33905

**New Mailing Address:**

P.O. BOX 101384  
CAPE CORAL, FL 33910

FEI Number: 65-1099915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENOIT, MARIE J  
4140 HORSE CREEK BLVD  
FORT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

BENOIT, MARIE J  
3501 DEL PRADO BLVD S  
SUITE 302  
CAPE CORAL, FL 33904 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/22/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: BENOIT, MARIE J  
Address: P.O. BOX 101384  
City-St-Zip: CAPE CORAL, FL 33910

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE J BENOIT

PRES

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date