


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90274 023 \*\*\*150.00

<b>DOCUMENT # P01000050918</b> 1. Entity Name <b>BENCHMARK CONSTRUCTION OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>3612 PRADO DR SARASOTA, FL 34235</b>			Mailing Address <b>3612 PRADO DR SARASOTA, FL 34235</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GORDON, SUSAN 3612 PRADO DRIVE SARASOTA, FL 34235</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u><i>Susan Gordon</i></u> <b>no changes</b> <b>April 18 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GORDON, SUSAN 3612 PRADO DR SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GORDON, MICHAEL 3612 PRADO DR SARASOTA, FL 34235		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	
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	
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	
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: <u><i>Susan Gordon</i></u> <b>April 18 2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



## ATTACHMENT

20041478

## Division of Corporations

## Annual Report

Document Number

P01000050918

Business Entity Name

BENCHMARK CONSTRUCTION OF SOUTH FLORIDA, INC.

FEI Number

651107411

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

## Principal Place of Business

Address

3612 PRADO DR

Suite, Apt. #, etc.

City, State

SARASOTA

FL

Zip Code &amp; Country

34235

## Mailing Address

Address

3612 PRADO DR

Suite, Apt. #, etc.

City, State

SARASOTA

FL

Zip Code &amp; Country

34235

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

GORDON

SUSAN

C, President

-or- RA Business Name

Address

3612 PRADO DRIVE

Suite, Apt. #, etc.

City, State

SARASOTA

FL

Zip Code &amp; Country

34235

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

2-15-00

## ATTACHMENT

forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

20041478  
# 61000050918

Title PTD  
Name (Last, First, Middle, Title) GORDON SUSAN  
-or- Entity Name  
Street Address 3612 PRADO DR  
City, State SARASOTA FL  
Zip Code & Country 34235

Title VSD  
Name (Last, First, Middle, Title) GORDON MICHAEL  
-or- Entity Name  
Street Address 3612 PRADO DR  
City, State SARASOTA FL  
Zip Code & Country 34235

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

20041478  
#P01000050918

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

*Susan Gordon*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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