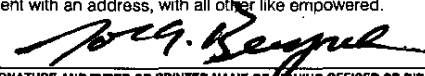


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90332 015 ***150.00

DOCUMENT # P01000056623 1. Entity Name JOHN Y. BENFORD, P.A.																											
Principal Place of Business 111 N ORANGE AVE, SUITE 1030 ORLANDO, FL 32801		Mailing Address 111 N ORANGE AVE, SUITE 1030 ORLANDO, FL 32801																									
2. Principal Place of Business 111 N Orange Ave Suite, Apt. #, etc. Suite 775 City & State Orlando, FL Zip 32801 Country USA		3. Mailing Address 111 N Orange Ave Suite, Apt. #, etc. Suite 775 City & State Orlando, FL Zip 32801 Country USA																									
4. FEI Number 59-3723076		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BENFORD, JOHN Y 111 N ORANGE AVE, SUITE 1030 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name John Y. Benford Street Address (P.O. Box Number is Not Acceptable) 111 N Orange Ave, Suite 775 City Orlando FL Zip Code 32801																									
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 4-27-04 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BENFORD, JOHN Y</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1579 WATERWICH DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32806</td> <td></td> </tr> </table>		TITLE	P	☐ Delete	NAME	BENFORD, JOHN Y		STREET ADDRESS	1579 WATERWICH DRIVE		CITY-ST-ZIP	ORLANDO, FL 32806		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	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 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: 		Date 4-27-04 Daytime Phone # 409-481-8030																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									