2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State
06-01-2006 90003 022 ***150.00

DOCUMENT # P01000056623

1. Entity Name
JOHN Y. BENFORD, P.A.

50020229

Principal Place of Business	Mailing Address
~~111 N. ORANGE AVE., STE 775 ORLANDO, FL 32801~~ (Change)	~~111 N. ORANGE AVE., STE 775 ORLANDO, FL 32801~~ (Change)

2. Principal Place of Business		3. Mailing Address	
390 North Orange Ave		390 North Orange Ave	
Suite, Apt. #, etc.: 23rd Floor		Suite, Apt. #, etc.: 23rd Floor	
City & State: Orlando, Florida		City & State: Orlando, Florida	
Zip: 32801	Country: USA	Zip: 32801	Country: USA

05252006 Chg-P CR2E034 (11/05)

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	7. Name and Address of New Registered Agent
BENFORD, JOHN Y ~~111 N. ORANGE AVE., STE 775~~ ~~ORLANDO, FL 32801~~ (Change) (address ONLY)	Name: Benford, John Y. Street Address (P.O. Box Number is Not Acceptable): 390 North Orange Avenue 23rd Floor 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 ______________________________
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**
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BENFORD, JOHN Y		NAME	
STREET ADDRESS	1579 WATERWITCH DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] President 5/25/06 407 956 1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #