

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000056623

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



Principal Place of Business 390 NORTH ORANGE AVE 23RD FLOOR ORLANDO, FL 32801	Mailing Address 390 NORTH ORANGE AVE 23RD FLOOR ORLANDO, FL 32801
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07202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3723076	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

BENFORD, JOHN Y
390 NORTH ORANGE AVENUE
23RD FLOOR
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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.

U00000770015
07/23/07-80006-015 150.00

SIGNATURE _____ DATE _____
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
Due by September 14, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENFORD, JOHN Y 1579 WATERWITCH DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ **7-20-07** **956-1010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #