


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P01000081913 1. Entity Name BEN SAVY ACCOUNTING, INC. |  |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

Principal Place of Business
**25 PINE CONE DR.
2A
PALM COAST, FL 32164**

Mailing Address
**25 PINE CONE DR
SUITE 2A
PALM COAST, FL 32164**



04102006 No Chg-P CR2E034 (11/05)

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| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3739512 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

| | |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|------------------------------------------|

6. Name and Address of Current Registered Agent

**SAVY, BENJAMIN
25 PINE CONE DR
PALM COAST, FL 32164**

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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.

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
After May 1, 2006 Fee will be \$550.00**

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

000000504178
04/26/06-80061-017 150.00

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SAVY, BENJAMIN 18 PALM LEAF LN PALM COAST, FL 32164 |
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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: Ben Savy 4/10/06 386-241-3717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #