## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 21, 2008 08:00 A DOCUMENT # P01000090511 **Secretary of State** 1. Entity Name SONJA BENSON, INC. Principal Place of Business Mailing Address 1209 THIRD STREET SOUTH 1209 THIRD STREET SOUTH NAPLES, FL 34102 NAPLES, FL 34102 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3605427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent BENSON, SONJA DO NOT WRITE 1209 THIRD STREET SOUTH NAPLES, FL 34102 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 DATE (NOTE: Registered Agent signature required when reinstating) B00000833779 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 02/28/08-80025-016 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BENSON, SONJA 1209 THIRD STREET SOUTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

02/15/08

FILED