

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90088 046 \*\*\*150.00

DOCUMENT # P01000092234

1. Entity Name  
BENCHMARK COMMERCIAL GROUP, INC.



Principal Place of Business *390 South 16th Avenue* Mailing Address *390 South 16th Avenue*  
~~1579 THE GREENS WAY~~ ~~1579 THE GREENS WAY~~  
SUITE 16 SUITE 16  
JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250



03312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3750432** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

AHERN, FRED L JR.  
2215 SOUTH THIRD STREET  
SUITE 101  
JACKSONVILLE BEACH, FL 32250

**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.

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 ☐ **\$5.00 May Be**  
Trust Fund Contribution. Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PLUMB, JONATHAN D <i>390 South 16th Avenue</i>
STREET ADDRESS	<del>1579 THE GREENS WAY #16</del> <i>Suite 16</i>
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D
NAME	PLUMB, SUSAN C <i>390 South 16th Avenue</i>
STREET ADDRESS	<del>1579 THE GREENS WAY #16</del> <i>Suite 16</i>
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/1/06*  
Date

*904-242-0609*  
Daytime Phone #