


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 23 PM 7:08

SECRET
TALLAHASSEE



DOCUMENT # P02000002366					
1. Entity Name BENCHMARK FLORIDA MORTGAGE CORP.					
address for both Principal Place of Business <input checked="" type="checkbox"/> Mailing Address 8970 Fontana Del Sol Way #2 Naples, FL 34109					
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	09222005 REIN-P CR2E098 (6/04)	
4. FEI Number 14-1860137				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			7. Name and Address of New Registered Agent		
PASTOOR, JAN GEORGE 1395 Panther Lane Naples, FL 34109			Name HEATHER PASTOOR Street Address (P.O. Box Number is Not Acceptable) 11012 NW 18th Ct. City Gainesville, FL Zip Code 32606		
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 <i>Heather Pastoor</i> Signature, typed or printed name of registered agent and title if applicable.			9/22/05 DATE		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			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 NAME STREET ADDRESS CITY-ST-ZIP	D PASTOOR, GEORGE <input type="checkbox"/> Delete 8970 Fontana Del Sol Way #2 Naples, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Jan George Pastoor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			9/22/05 239-598-1881 Date Daytime Phone #		