

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117889

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: BENJAMIN, CERTAIN & LOMAX, P.A.

**Current Principal Place of Business:**

1510 E. COLONIAL DRIVE  
SUITE 203  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

1510 E. COLONIAL DRIVE  
SUITE 203  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 13-4219097      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CERTAIN, ARLISA C  
1490 SHELTER ROCK ROAD  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

CERTAIN, ARLISA C  
1510 E. COLONIAL DRIVE  
SUITE 203  
ORLANDO, FL 32835 US

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.

SIGNATURE: ARLISA CERTAIN

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BENJAMIN, NICOLE L  
Address: 2213 METROPOLITAN WAY, APT. 1312  
City-St-Zip: ORLANDO, FL 32839 US

Title: P ( ) Delete  
Name: CERTAIN, ARLISA C  
Address: 1490 SHELTER ROCK ROAD  
City-St-Zip: ORLANDO, FL 32835 US

Title: P ( ) Delete  
Name: LOMAX, NIKIE N  
Address: 4616 OAK ARBOR CIRCLE  
City-St-Zip: ORLANDO, FL 32808 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKIE LOMAX

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date