2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000130283

1. Entity Name BEN WALLER AGENCY, INC.

Principal Place of Business 3730 SW 51 TERR OCALA, FL 34474 Mailing Address 3730 SW 51 TERR

OCALA, FL 34474

FILED Mar 12, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

4. FEI Number
05-0552394

5. Certificate of Status Desireo □ \$

Not Applicable \$8.75 Additional

Fee Required

352-694-4200

Daytme Phone #

6. Name and Address of Current Registered Agent

WALLER, BENJAMIN I 3730 SW 51 TERR OCALA, FL 34474

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

3-11-2004

	<u> </u>				<u>.</u>	
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, type 6 tr printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when relinstalling)					DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
name Street address City-St <i>Up</i>	PST WALLER, BENJAMIN I 3730 SW 51 TERR OCAŁA, FL 34474			U00000 <u>0</u> 86679		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLER, JUDITH Ł 3730 SW 51 TERR OCALA, FL 34474		03/12/04-88833-887 158.00			
TITLE NAME STREET ADDRESS GRY-ST-ZP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET AOORESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 cath; 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 or an attachment with an address, with all other like empowered.						

By Ele - Benjamin I. Waller - President
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR