


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90172 044 \*\*\*150.00

**DOCUMENT # P0300011838**

1. Entity Name  
**BENCHMARK PRO-SERV, INC.**



bb44714

Principal Place of Business  
**11601 BISCAYNE BLVD.  
 SUITE 101  
 MIAMI, FL 33181**

Mailing Address  
**11601 BISCAYNE BLVD.  
 SUITE 101  
 MIAMI, FL 33181**



2. Principal Place of Business  
**6595 NW 36 St**

3. Mailing Address  
**6595 NW 36 St.**

Suite, Apt. #, etc.  
**Suite 302**

Suite, Apt. #, etc.  
**Suite 302**

04072004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI Florida**

City & State  
**Miami Florida**

Zip  
**33164**

Zip  
**33164**

Country

Country

4. FEI Number  
**45-0498712**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBS, JOHN R**  
**11601 BISCAYNE BLVD.**  
**SUITE 101**  
**MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DAVIS FLYNN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DAVIS FLYNN</b>		NAME <b>DAVIS FLYNN</b>	
STREET ADDRESS <b>16751 N.W. 12<sup>th</sup> St.</b>		STREET ADDRESS <b>16751 N.W. 12<sup>th</sup> St.</b>	
CITY-ST-ZIP <b>Pembroke Pines, FL 33028</b>		CITY-ST-ZIP <b>Pembroke Pines, FL 33028</b>	
TITLE <b>Vice-President</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHERI PAISLEY</b>		NAME <b>SHERI PAISLEY</b>	
STREET ADDRESS <b>P.O. Box 490838</b>		STREET ADDRESS <b>P.O. Box 490838</b>	
CITY-ST-ZIP <b>Key Biscayne, FL 33149</b>		CITY-ST-ZIP <b>Key Biscayne, FL 33149</b>	
TITLE <b>President</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>John R. Jacobs</b>		NAME	
STREET ADDRESS <b>8930 SW 19200 DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>Miami FL 33157</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *J.R. Jacobs John R Jacobs* **4/28/04 (305) 205-6760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #