

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90033 002 \*\*\*150.00

**DOCUMENT # P03000151803**

1. Entity Name  
**BEN SWILLEY CONSTRUCTION, INC.**



Principal Place of Business  
**5145 GRACEWOOD LANE  
ST. AUGUSTINE, FL 32092**

Mailing Address  
**5145 GRACEWOOD LANE  
ST. AUGUSTINE, FL 32092**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0494910**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**INTERNOSCIA, DAVID  
3149 PONCE DE LEON BLVD.  
UNIT #7  
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name  
**BEN SWILLEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**5145 GRACEWOOD LANE**  
City  
**ST. AUGUSTINE** FL Zip Code  
**32092**

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

*Ben Swilley*

Signature, typed or printed name of registered agent and title if applicable.

*President Ben Swilley*

(NOTE: Registered Agent signature required when reinstating)

**3-12-04**

DATE

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
SWILLEY, BEN  
5145 GRACEWOOD LANE  
ST. AUGUSTINE, FL 32092** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SWILLEY, BEN  
5145 GRACEWOOD LANE  
ST. AUGUSTINE, FL 32092** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:** *Ben Swilley* *President Ben Swilley* **3-12-04** **904 509 9239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #