2007 FOR PROFIT CORPORATION FILED ANNUAL REPORT Jan 31, 2007 08:00 AM **DOCUMENT # P03000156068 Secretary of State** 1. Entity Name **BILL BENSON CONSTRUCTION, INC.** Principal Place of Business Mailing Address 2550 N E 36TH AVE STE C 2550 N E 36TH AVE STE C OCALA, FL 34470 OCALA, FL 34470 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 27-0075490 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BENSON, WILLIAM J DO NOT WRITE 2550 N E 36TH AVE STE C OCALA, FL 34470 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!	FEE IS \$150.00
After May 1, 2007	Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS PD TITLE NAME BENSON, WILLIAM J STREET ADDRESS 2550 N E 36TH AVE STE C CITY-ST-7/P OCALA, FL 34470 THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000613138 02/05/07-80026-015 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP

> ſ SIGNATURE AND TYPED OR PRINTED NAME OF SIGN