

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90231 016 ***150.00

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1. Entity Name
BENCHMARK FARMS, INC.



Principal Place of Business
21540 WYUGUL ROAD
UMATILLA, FL 32784

Mailing Address
21540 WYUGUL ROAD
UMATILLA, FL 32784

60001885



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0822329

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDS, LENARD L
21540 WYUGUL ROAD
UMATILLA, FL 32784

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARDS, LENARD L
STREET ADDRESS	21540 WYUGUL ROAD
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	VP
NAME	TRUENOW, KEITH L
STREET ADDRESS	29116 BEAUCLAIRE DRIVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	S
NAME	RICHARDS, CINDY C
STREET ADDRESS	21540 WYUGUL ROAD
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	T
NAME	HURLEY, DODI A
STREET ADDRESS	29116 BEAUCLAIRE DRIVE
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Truena

1-13-06

Date

362-
383-7196

Daytime Phone #