


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90128 035 ***150.00

DOCUMENT # P05000045900
 1. Entity Name
WILLIAM HOLMES BENSON, P.A.



Principal Place of Business Mailing Address
ONE FINANCIAL PLAZA #1600 **ONE FINANCIAL PLAZA #1600**
FT LAUDERDALE FL 33394 **FT LAUDERDALE FL 33394**

2. Principal Place of Business 3. Mailing Address
5561 University Drive **5561 University Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #102 **Suite #102**

City & State City & State
Coral Springs, Fla **Coral Springs, FL**

Zip Country Zip Country
33067 **33067** **Broward**

4. FEI Number Applied For
20-2604655 Not Applicable

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



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
BENSON, WILLIAM H
ONE FINANCIAL PLAZA #1600
FT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent
 Name **SAME NAME - NEW ADDRESS - BENSON**
 Street Address (P.O. Box Number is Not Acceptable)
SUITE 102 5561 UNIVERSITY DRIVE
C
 City **CORAL SPRINGS** FL Zip Code **33067**

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 *William Benson* DATE **2.20.06**
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BENSON, WILLIAM H
STREET ADDRESS	ONE FINANCIAL PLAZA #1600
CITY-ST-ZIP	FT LAUDERDALE FL 33394
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON WILLIAM H
STREET ADDRESS	ONE 5561 UNIV DRIVE SUITE 102
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Benson* DATE: **2.20.06** DAYTIME PHONE #: **954 5246800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #