

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

ONE FINANCIAL PLAZA #1600
FT LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA #1600
FT LAUDERDALE FL 33394

2. Principal Place of Business

5561 University Drive

Suite, Apt. #, etc.

Suite #102

City & State

Coral Springs, Fla

Zip

33067

Country

3. Mailing Address

5561 University Drive

Suite, Apt. #, etc.

Suite #102

City & State

Coral Springs, FL

Zip

33067

Country

Broward

1st MOORE

CR2E034 (10/05)



4. FEI Number

20-2604655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BENSON, WILLIAM H
STREET ADDRESS ONE FINANCIAL PLAZA #1600
CITY-ST-ZIP FT LAUDERDALE FL 33394

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition
NAME BENSON WILLIAM H
STREET ADDRESS ONE 5561 UNIV DRIVE SUITE 102
CITY-ST-ZIP CORAL SPRINGS, FL 33067

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Benson

2-20-06

954 5246800