

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90036 005 \*\*\*150.00

**DOCUMENT # P05000045900**

1. Entity Name

**WILLIAM HOLMES BENSON, P.A.**



Principal Place of Business

**5561 UNIVERSITY DR STE 102  
POMPANO BEACH FL 33067**

Mailing Address

**5561 UNIVERSITY DR STE 102  
POMPANO BEACH FL 33067**



2. Principal Place of Business - No P.O. Box #  
**5561 N. University Drive**

3. Mailing Address  
**5561 N. University Drive**

Suite, Apt. #, etc.  
**Suite 102**

Suite, Apt. #, etc.  
**Suite 102**

1st MOORE

CR2E034 (10/06)

City & State

**Coral Springs, FL**

City & State

**Coral Springs, FL**

4. FEI Number **20-2604655**

Applied For

Not Applicable

Zip  
**33067**

Country  
**USA**

Zip  
**33067**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENSON, WILLIAM H  
5561 UNIVERSITY DR STE 102  
POMPANO BEACH FL 33067**

7. Name and Address of New Registered Agent

Name **William H. Benson**

Street Address (P.O. Box Number is Not Acceptable)  
**5561 N. University Drive**

Suite 102

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-24-07**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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 **5561 UNIVERSITY DR STE 102**  
CITY - ST - ZIP **POMPANO BEACH FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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STREET ADDRESS  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-24-07**