2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000114165

1. Entity Name

R.K. BENEDICT, INC.



FILED Sep 14, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

124 SUMMERFIELD DRIVE PONTE VEDRA BEACH, FL 32082 124 SUMMERFIELD DRIVE PONTE VEDRA BEACH, FL 32082



| DO NOT WRITE IN THIS SI | PACE |
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Applied For 4. FEI Number 20-3334089 Not Applicable

5. Certificate of Status Desired

09122007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BENEDICT, KEVIN 124 SUMMERFIELD DRIVE PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

No Cha-P

| the obligations of registered agent. UDDDC0773985 SIGNATURE 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 Due by September 14, 2007 9. Election Campaign Finant Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRE SH BENEDICT, KEVIN 124 SUMMERFIELD DRIVE PONTE VEDRA BEACH, FL 32082 | CTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PONTE VEDIA BEACH, TE 32002 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME. STREET ADDRESS CITY-ST-ZIP | | | i | | | | |
| 12. I hereby | certify that the information supplied with this | filing does not qualify for the | ne exemptions co | ntained in Chapter 11 | 9, Florida Statutes. I further certify that the information | | |

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

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 any address, with all other like empowered.