

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 SEP 18 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09152006 Chg-P CR2E034 (11/05)

4. FEL Number **20-3381602** Applied For ☐ Not Applicable

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

DOCUMENT # P05000119416

1. Entity Name
BENKO INC.



Principal Place of Business
803 N.E. 12TH STREET
OCALA, FL 34470

Mailing Address
803 N.E. 12TH STREET
OCALA, FL 34470

2. Principal Place of Business
4520 NE 175TH ST RD

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
CITRA, FL

City & State

Zip
32113 Country

Zip Country

6. Name and Address of Current Registered Agent

DOVICAK, PATRIK
803 N.E. 12TH STREET
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name
SAN KRNAC

Street Address (P.O. Box Number is Not Acceptable)
4520 NE 175TH ST. RD

City
CITRA FL Zip Code
32113

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 **SAN KRNAC**
REG-AGENT **9/15/06**

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 Due by September 15, 2006

9. Election Campaign Financing 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. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOVICAK, PATRIK 803 N.E. 12TH STREET OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400080038124 09/21/06--01050--022 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAN KRNAC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4520 NE 175TH ST. RD CITRA, FL 32113
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/19/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SAN KRNAC**
PRES. **9/15/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #