2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90013 029 ***158.75

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02222007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000013312

1. Entity Name
BENSON BRITE CLEANING INC.

Principal Place of Business	Mailing Address
2164 MINCEY TERRACE NORTHPORT, FL 34286 US	2164 MINCEY TERRACE NORTHPORT, FL 34286 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1481 Achilles Street	1481 Achilles Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, Fl
Zip: 33980 Country: US	Zip: 33980 Country: US

4. FEI Number: 20-4234069 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENSON, JACOB
2164 MINCEY TERRACE
NORTHPORT, FL 34286

7. Name and Address of New Registered Agent

Name: Jacob Benson
Street Address (P.O. Box Number is Not Acceptable): 1481 Achilles Street
City: Port Charlotte FL Zip Code: 33980

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] Jacob Benson — DATE: 3/5/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR BENSON, JACOB 2164 MINCEY TERRACE NORTHPORT, FL 34286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR Jacob Benson 1481 Achilles Street Port Charlotte Fl 33980	☑ Change ☐ Addition
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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: [signature] Jacob Benson — 3/5/07 — (941)258-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #