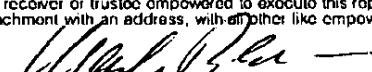


FILED
Jun 08, 2007 8:00 am
Secretary of State

05-16-2007 90018 040 ***150.00

DOCUMENT # P06000058477				Secretary of State 05-16-2007 90018 040 ***150.00	
1. Entity Name MARK R. BENSON, P.A.					
Principal Place of Business 13677 150TH CT. NORTH JUPITER FL 33478		Mailing Address 13677 150TH CT. NORTH JUPITER FL 33478			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2585664	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BENSON, MARK R. 13677 150TH CT. NORTH JUPITER FL 33478			7. Name and Address of New Registered Agent Name 56-2585664 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-STATE-ZIP	P BENSON, MARK R. 13677 150TH CT. NORTH JUPITER FL 33478	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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: 			Date: 30 Apr. 2007 561-307-0493		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		