2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

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Entity Name: BENNETT'S FINANCIAL SYSTEMS, INC.

Current Principal Place of Business:

4805 LENOX AVENUE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

8665 BAYPINE ROAD, SUITE 210
JACKSONVILLE, FL 32256 US

Current Mailing Address:

4805 LENOX AVENUE
JACKSONVILLE, FL 32205 US

New Mailing Address:

P. O. BOX 57610
JACKSONVILLE, FL 32241 US

FEI Number: 20-5320857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DILL, ROBERT J
4811 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: BENWICK, WESLEY A
Address: 4805 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D ( ) Delete
Name: GELMAN, MARK H
Address: 4811 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Delete
Name: BLEECH, JAMES M
Address: 3031 WESTSIDE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: BENWICK, WESLEY A
Address: 8665 BAYPINE ROAD, SUITE 210
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WESLEY A BENWICK PSTD 03/19/2009
Electronic Signature of Signing Officer or Director Date