

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000116957

1. Entity Name

BEN VALDEZ, INC.



FILED
Aug 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
124 BROWNS FISH CAMP RD.
GEORGETOWN FL 32139

Mailing Address
124 BROWNS FISH CAMP RD.
CRESCENT CITY FL 32112



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
51-0604665

Applied For
Not Applicable

Zip

Country

Zip

Country

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

2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE ROBERTSON GROUP
5216 SW 91 DRIVE
GAINESVILLE FL 32608

Name

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☒

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

10. OFFICERS AND DIRECTORS

TITLE P, T ☐ Delete
NAME VALDEZ, BENNY J
STREET ADDRESS 124 BROWNS FISH CAMP RD.
CITY-ST-ZIP GEORGETOWN FL 32139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000957851
08/18/08-80005-003 158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Benny J Valdez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/08

Date

386-467-2585

Daytime Phone #