

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000088003

**FILED**  
**Sep 20, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA CONTRACTING SPECIALIST, INC.

**Current Principal Place of Business:**

214 SW STARFLOWER AVE  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

214 SW STARFLOWER AVE  
PORT SAINT LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 26-0673961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENHAM, DARLENE  
214 SW STARFLOWER AVE  
PORT SAINT LUCIE, FL 34984 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BENHAM, DARLENE  
Address: 214 SW STARFLOWER AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: S  
Name: BENHAM, COLBY  
Address: 1851 SW BOMA AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP  
Name: BENHAM, COLBY  
Address: 214 SW STARFLOWER AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: DARLENE BENHAM

PRES

09/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date