


**2005 FOR PROFIT CORPORATION
-ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000011329 1. Entity Name BENJAMIN OF NAPLES, INC.	
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Principal Place of Business 3033 RIVIERA DR. NAPLES, FL 34103 US	Mailing Address 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103 US
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02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0434482	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BUDD, DAVID G 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 re-instating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIN, BENJAMIN 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUDD, DAVID G. 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS RUBIN, LINDA 3033 RIVIERA DR STE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RUBIN, HARRY 3033 RIVIERA DR STE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/05-80013-009 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David G. Budd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05 (239) 263-7700
Date Daytime Phone #

DAVID G. BUDD, VICE PRESIDENT