


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000049880 1. Entity Name BENCOMP NATIONAL CORP.		 FILED 2007 AUG -7 AM 10:43 SECRETARY OF STATE TALLAHASSEE FLORIDA
Principal Place of Business 17755 US HIGHWAY 19 NORTH SUITE 400 CLEARWATER, FL 33764		Mailing Address 17755 US HIGHWAY 19 NORTH SUITE 400 CLEARWATER, FL 33764
2. Principal Place of Business, No P.O. Box # 1004 118th Ave N		3. Mailing Address 1000 118th Ave N
Suite, Apt. #, etc. St Petersburg FL		Suite, Apt. #, etc. St Petersburg FL
City & State St Petersburg FL		City & State St Petersburg FL
Zip 33716		Zip 33716
Country 		Country
4. FEI Number 59-3319256		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BERNET, MARK J ESQ 200 SOUTH ORANGE AVENUE SUITE 2800 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Bruce Kadoura Street Address (P.O. Box Number is Not Acceptable) 1002 118th Ave N City St Petersburg FL Zip Code 33716
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 <u><i>Bruce Kadoura</i></u> DATE 7-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KONICKI, ROBERT <input type="checkbox"/> Delete 17755 US HIGHWAY 19 NORTH, STE 400 CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NEVILL, ROBERT <input checked="" type="checkbox"/> Delete 17755 US HIGHWAY 19 NORTH, STE 400 CLEARWATER, FL 33764	500108848855 08/30/07--01045--009 ***70.00 TREASURER/SECRETARY Dale F. Schmidt 1000 118 th Ave N St Petersburg, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Dale F. Schmidt</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-27-2007 <small>Date Daytime Phone #</small>